9092

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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law requires that the death certificate be executed within 24 haurs ofter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: In law requires that the death certificate be executed within 24 haur may be retained by the haspital an attending systician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remayol, and in any event, within 72 hours. efter death.

VR A15 (4) 15M 9/59

1. PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (WI	here deceased live	L COLLETTY -		dmission)
	rchester		MARYLAND	Marylar	nd	Cec:	il	
RURAL ond give n	If outside corporate lime earest town)		c. LENGTH OF STAY IN 16		outside corporote	limits, write RURAL ond	give nearest	town)
	TAL (If nat in hospital,	give street oc	dress)	d. STREET ADDRESS			e. 15	S RESIDENCE
-	Shore State	Hosp	tal	R.D.#1				ES NO
3. NAME OF		rst	Middle	Lost	4. DATE	Month	Day	Yeor
(Type or print)	De	chel	Evelvn	Bedwell	OF DEATH	August	1.	19 60
5. SEX	16. COLOR OR RACE		DE NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years IF UNDER Months	R 1 YEAR IF L	
Female	White	WIDOWED		4-27-06	lo	ost birthdoy) Months	Doys Ho	ours Min.
	111111111111111111111111111111111111111			STRY 11. BIRTHPLACE (Stote		74	IZEN OF WE	HAT COUNTRY?
during most of wor	king life, even if retired	-		Maryla			U.S.A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
John 1	Bowlsby			Mary	Sleph	ens		
15. WAS DECEASED EVE	ER IN U. S. ARMED FO		OCIAL SECURITY NO. 17. I	NFORMANT	1	Address		CAR SAT
(163, 110, 07 OHAHOWN)	(ir yes, give wor or dates or	services	E	astern Shore	State Hos	spital Reco	mis	
18. CAUSE OF DE	ATH [Enter only one o	ouse per line					INTERVA	AL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Тоз	cicity and she	ook				ITS.
450	IMMEDIATE CAUSE (CICICA and She	JCK			- 1	1104
100			7 - 04 7				6 3	
Conditions, if a	m mediate /		ngrene Leit Lo	ower extremit	7		6 d	lays
couse (o), stoting							Sev.	**************************************
lying couse lost.			teriosclerosis		NAME OF THE OWNER OWNER OF THE OWNER OWNE	NOTICE CONTRACTOR IN TAIL		
PART II. OT	HER SIGNIFICANT CON	ADITIONS <u>CC</u>	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	INDITION GIVEN IN PAI	P	ERFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II o	f item 1B.}		
20c. TIME OF INJUI Hour o. m.	RY Month, Doy, Ye	White of work	Not while fo	ACE OF INJURY (Home, farr ctory, street, office bldg., etc		own) ((County)	(Stote)
21 I contify the	at (I) (this basnita	l) attende	d the deceased fram.	8-21 10	57 10	8-11 19	60 that	(I) (we) last
		B-L						
220. SIGNATURE	sed alive ant	-4	1790 and that	death accurred of	_M, fram the	causes and an th	e date sto	22b. DATE
120. 31014ATORE	5000 M.	1/1/2	~0~	ATTENDING M	NED. SIRECTOR P	TAFF HYS. 🛣		SIGNED
22c. PHYSICIAN'S	- I mou	00	The state of the s	M.D. PHYS. D	IRECTOR L	HYS. X		0-5-60
NAME (Type)	7				1+03 C-	had due Ma	and from	
· ·	Simon Virk		1.0.	E.O.O.nosp.	rtar, ca	bridge, Ma	rylano	
23a. BURIAL, CREMATIC REMOVAL (Specify		OF	23c. NAME OF CEMETERY C	OR CREMATORY		(City, town, or county)		(Stote)
Burial	8/8/60		Zion Cemet			on, Md.	Ceci	ГТ
24. FUNERAL DIRECTOR	S SIGNATURE	ab	ADDRESS STATE	MA 250. REC AUC DATE	D BY REGISTRAR	25b REGISTRAR'S S	GNATURE	
			- January	100/				

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VR A1S (4) 1SM 9/59

MARYLAND	STATE DEPARTMENT	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

9073 CERTIFICATE OF DEATH

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	U V I V		7 1 1 1 1 2 6 1	9-1	-00 8	2						
1. PLACE OF DEATH a. COUNTY					USUAL RESID	ENCE (Wh	ere decease	d lived. If institut		nce before	odmissi	on)
Do	rchester. C	10	MARYL	AND	Mar	ryland	h	0. 0001111		hest	er.	Co-
	If outside corporate limi		c. LENGTH OF STAY IN	1 16		E/		prote limits, write				
Cambrida	e. Maryland		Lafe		East	. New	Marke	t. Md.				
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, g	ive street o	ddress)		d. STREET AI			***				FARM?
- Cambridge	Maryland H	lospit	al		None	2					YES	NOTE
3. NAME OF	Fir	st	Middle		Last		4. DATE	Mo	nth	Day	Y	feor
(Type or print)	Ethel		Bramble		nnock		DEATH	O		24 x	M.W	19 60
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. D.	ATE OF BIRTH	1		9. AGE (In years last birthday)	-	RIYEARI		
7	771-24-	WIDOWE	DEFT DIVORCED		77/77	/1001		76 76yrs	Months	Doys	Hours	Min.
Female	White	1 ,	CIND OF BUSINESS OR	INIDIICTRY	- alarmay - alarmay	1003	6	///		IZEN OF V	AULATO	OLINITRY
during most af wor	king life, even if retired	one IUD. I	CIND OF BUSINESS OK	INDUSTRE	III. BIKIHPU	ACE (STOTE	or toreign c	duntry)	12.01	IZEN OF V	WHATC	DUNIKIA
Housew	ri fe	F	lousewife		M.	awla	nd			U.S.	A .	
13. FATHER'S NAME	abole G		TO COUNTY OF	14	. MOTHER'S	MAIDEN N	IAME	11000				
H. M	ilbourne Br	ramble	3	149 11197		Sally	Mill:					
(Yes, no. or unknown)	R IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	17. INFOR	MANT			Add	dress			
4.7			No	Man	s. Her	hant	Transco	na Camba	ridge	Ma		
IB. CAUSE OF DE	No	11		1 1	o uet	net.n	TTAVE	Canitu	TUEE	-	VAL BE	TIALECAL
	ATH [Enter only one co	use per iin									TAND	
PARI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Toxemia							1	. WH	
Jac 60)	DUE TO										7.31	
- 3 V V (1		Gangren	a ric	ht fo	ot				0	tarl	S.
Conditions, if a)	9 61181 011	3 2	220 20	, , ,					. AA TU	-50
couse (o), stoting										100		
lying couse lost,		,	Diabetes	s Me]	llitus	3					?	
Z PART II OT			ONTRIBUTING TO DEAT	H RUT NOT	RELATED TO	THETERM	NAI DISEAS	E CONDITION GI	VEN IN PAI	PT 1(a) 19	WAS	AUTOPSY
2	TIER STOTAL COTA	DITIONS C	ONTRIBOTINO TO DEAT	11 001 1401	KLENIED IO	IIIE IEKWI	IAVE DISEVE	L COMBINOIS OF	A ETA II A I V	11(0) 17.	PERFO	RMED?
5											YES	NO D
□ OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH CONTROL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (E	nter nature of	injury in f	Part 1 or Por	rt II of item 1B.)				
	RY Manth, Day, Ye	204 15	ILLINY OCCUPATION 12	O- DIACE	OF INJURY (F	done form	206 (6:4	y or town)		(C		/CA-A-1
Y 20c. TIME OF INJUI Hour o. m.	Manin, Day, 18	While	Not while_		street, affice			y or town)		(County)		(Stote)
p. m.	19	ot work										
	. (1) (1) 1 1 1 1			8	/17/6	0		8/28/6	7	-1		
21. I certify the	at (1) (this haspital) attend	ed the deceased f							, tha		
saw the decea	sed alive an 8/	24/0	0_19, and t	hat deat	h accurred	at 1	M, from	the causes a	nd an th	e date :	stated	abave.
22a. SJONATURE											22b	DATE
1 Salar	2- 2-	-		M.D.	ATTENDING		ED.	STAFF PHYS.				SIGNED
22 PHYSICIAN'S	my In	- G-	7	M.D.	1		RECTOR .	PH15. 🗀				
MAME (Type)	John Mac	a Tn	1.		22d. ADDRE	SS						
23a. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREC)F	23c. NAME OF CEMET	ERY OR CR	EMATORY		23d. LOCA	TION (City, tawn,	or county)		(Stote	9)
Burial	8/26/	1960.	Donoboot	- M	- mi - 7	Deed	~		36.3			
24. FUNERAL DIRECTOR	'S SIGNATURE	-700	Dorcheste	r riem	orlal	250. PEC'I	D BY REGIS	embridge TRAR 256. KEO	STRAPES	IGNATURE		
		arvi o	e. Cambridg	o Ma			JG 3 1 '		rithung &			
The Antibote	Tunerat De	ST ATC	a coming Tag	e and	•	DATE ME	101 0 1	C	Junior 9	. / Class		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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urs ofter death. Page 4

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law requires that the death certificate be executed within 24 TO FUNERAL DIRECTOR: After this certificate as been signed by the attending physician and page 3 should be detached far use as the burial-transit permit. Then please remove carban the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 h TO HOSPITAL OR ATTENDING PHYSICIAN:

	PLACE OF DEATH o. COUNTY Dore	chester, Co		MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Virginia Accomac							
	b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi	P45-01-01	LENGTH OF STAY IN 11	c. CITY OR	TOWN (If ou	tside corporot	e limits, write l	RURAL and give	nearest to	wn)	
	d. NAME OF HOSPITA OR INSTITUTION	Maryland AL (If not in hospital, g	ive street addr	Weeks !	d. STREET		Virgin	ia.	1/2	e. IS R	ESIDENCE A FARM?	
	Bay Heig	thts. Ave.		ABOUTEL	Unk	mown		0 -	/X=3:	YES	□ NO 🖫	
3.	NAME OF DECEASED	Fir	st	Middle	Lo	st	4. DATE OF	Мо	nth	Day	Year	
	(Type or print)	Ethel		Lee	Budd		DEATH	8) W	24	19 60	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	гн	9.	AGE (In years lost birthdoy)		_	1	
T	Temale	White	WIDOWED 5	DIVORCED	10/2/1	890		69 yrs		ys Hour	rs Min.	
10c	2. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired	done 10b. KINI	O OF BUSINESS OR INI	OUSTRY 11. BIRTHP	LACE (Stote o	r foreign cour	itry)	12. CITIZEI	N OF WHAT	TCOUNTRY	
	Presser			irt Factory	Acco	mac. C	o. Vir	ginia.	U	S.A.		
13.	FATHER'S NAME				14. MOTHER	S MAIDEN NA	AME			1		
	Edway	rd Thomas C	olona		14	annie	Hickma	n				
	WAS DECEASED EVER		CES? 16. SOC	IAL SECURITY NO 17	INFORMANT			Add	dress			
(10	No.	No.		3-18-6805	Mrs. Edwa	rd-Bud	d. Cam	hridge.	- HE HARA	***	+ Md	
		TH [Enter only one co			<u> </u>		0.0.0.0			INTERVAL	BETWEEN	
		TH WAS CAUSED BY:	1	PULMONE	BRV	DEC	ompo	ENSA-	TION	ONSET AN		
	11.20	IMMEDIATE CAUSE (o)							_5_/	mos	
	TXO.		A	RTERIO	SCLEI	2 DT/	c 1	+T. D.	SERSE		1000	
	Conditions, if or gove rise to in	nmediate		101010	0	-	- 1		32	UNI	KNOW,	
	couse (o), stoting	the under-										
7	lying couse lost.) (c		TRIBUTING TO BEATH	UIT NIOT BELLTED T	O THE TERM	LAL DISEASE S	CALIDITION I OF	MEN LIN L DA DE M	110 14/4	C ALLTORCY	
TIOI	PART II. OTH	11		TRIBUTING TO DEATH E	ESSE			ONDITION GI	VEN IN PART I	PERI	FORMED?	
ICA		- / /		ENSION	1	-				YES [NO L	
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBI	E HOW INJURY OCCUP	RED. (Enter noture	of injury in Po	ort I or Port II	of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Y Month, Doy, Yes	While of work	Not while of work	PLACE OF INJURY foctory, street, office		20f. (City o	r town)	(Cou	inty)	(Stote	
	21 I cortify tha	t (I) (this hasnital	\ attended	the deceased fran	3/11	19.5	(0 , ta	8/20	4 1060	that (I)	(we) las	
4	saw the deceas		/30						for Prince	late state	(we) ins	
	220. SIGNATURE	ed dilve dri	1	_19 <u>60</u> , and tha	death accurre	a air-Th	M, from fr	ie causes ai	na an the a	are state	22b. DATE	
	ach	11 12 /20	aman	101	M.D. PHYS.	IG MEI	D	STAFF		01	SIGNED	
	22c. PHYSICIAN	70.400			22d. ADDI		ECTOR [PHYS.		0/	24/60	
	NAME (Type)	222	000	0 1/ 0 2101/	13		LE S	TG	AMBI	PIDE	- m	
		ZED 72	IVLAI	ZYANOV	13					- 1260	-1	
230	REMOVAL (Specify)	N, 23b. DATE THEREC	60 _a 23	Damles I am				ON (City, town,		,	tote)	
24.	FUNERAL DIRECTOR	7//	00.	Parksley C	emmercy	2So. REC'D	BY REGISTRA		inginia			
1			wri oo		Ma		IG 3 1 '6		Erlhur S.			
	Te combre	umier.gr 26	LATCE.	Cambridge,	rid.	DAIL MU	10010		23, 1			
				15 A35								

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	907:	CERTIF	FICATE OF	DEATH		0.9	0050	
1	1. PLACE OF DEATH 6. COUNTY Dorohester	Co MAR	2. USUAL o. STAT	RESIDENCE (Where decea	b. COUNTY	on: Residence be		
1	b. CITY OR TOWN (If outside corporate RURAL and give nearest tawn)	e limits, write c. LENGTH OF STAY	IN 1b c. CITY	OR TOWN (If outside cor	porote limits, write R	URAL ond give n	earest tawn)	
	Cambridge, Mary d. NAME OF HOSPITAL (IF not in hospit OR INSTITUTION	tal, give street address)		Cambridge, N			e. IS RESIDENCE ON A FARM? YES NO	
-	200 Oakley, Sta	First Middle		O Oakley, St Last 4. DATE OF	Mon	th [Day Year	
-	(Type or print) S. SEX 6. COLOR OR RA	rt T. Christoph ACE 7. MARRIED NEVER MARRI	er 8. DATE OF	BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEA	1960 AR IF UNDER 24 HRS. Hours Min.	
-	Male White 10a. USUAL OCCUPATION (Give kind of wedging most of working life, even if re	WIDOWEDS DIVORCE	- 9/21	/ 10	88 yrs.		OF WHAT COUNTRY?	
1	Postal Clerk 13. FATHER'S NAME	U.S. Mail	14. MOTI	Matyland.		U.	S.A.	
1	Robert R. Christe	FORCES? 16. SOCIAL SECURITY NO	D. 17. INFORMANT	atharine Wil	ley	ress		
-	(Yes, no, or unknown) (If yes, give wor or date No. 18. CAUSE OF DEATH [Enter only or	No	Mrs. Mar	rian North 20	00 Oakley	St. Cam	oridge, Md	
	PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY: Oplar	tio a	nemio		ÖI	ONSET AND DEATH	
	Canditions, if ony, which)		1					
	couse (a), stoting the <u>under-lying</u> couse lost.	(c)						
	PART IV. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATI	ED TO THE TERMINAL DISE.	ASE CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO	
	OR CONTRIBUTING CAUSE OF DE	ATH	OCCURRED. (Enter not	ure of injury in Part I or P	ort II of item 18.)			
	20c. TIME OF INJURY Month, Day, Haur o. m. p. m.	Year 20d. INJURY OCCURRED While Not while at wark of wark		JRY (Home, form, 20f. (C office bldg., etc.)	ity or town)	(Count	y) (Stole)	
	21. I certify that (I) (this hasp	pital) attended the deceased			1834			
	22a. SIGNATURE	Zorks.	M.D. ATTEN	NDING MED. DIRECTOR [_ STAFF _	~	8/15/GNED	
	22c. PHYSICIÁN'S NAME (Type)	C.M. 2312	220	portess for	to The	2	/	
1	23a. BURIAL, CREMATION, 23b. DATE TH REMOVAL (Specify) Burial 8/15	IEREOF 23c. NAME OF CEN	METERY OR CREMATO		ATION (City, tawn,		(State)	
	24 ELUVER L DIRECTOR'S SIGNATURE	eral Service. Cam	awn Cemter bridge, Mo	25d. REC'D 8Y REG	100	STRAKS SIGNAT		

Carthur S. Kraus

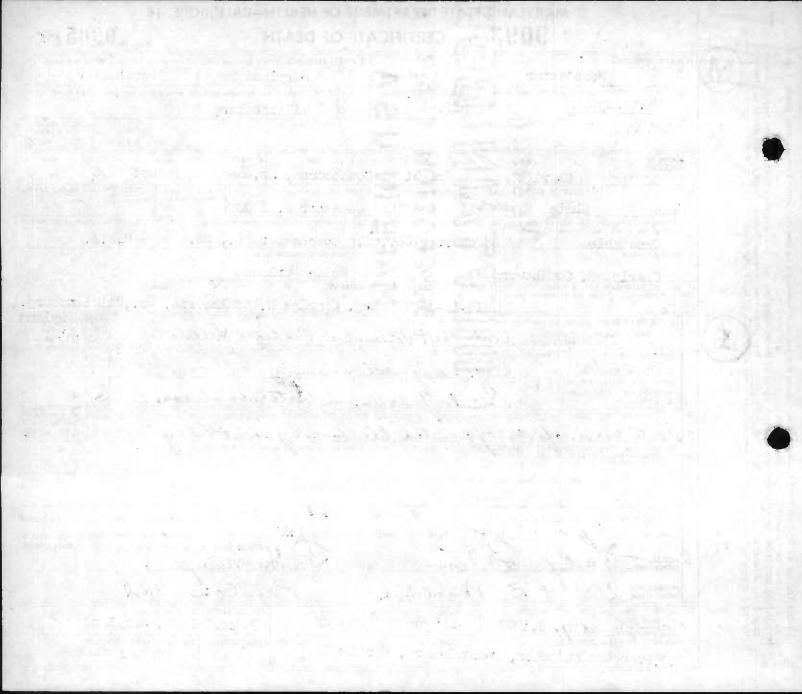
TO HOSPITAL OR ATTENDING PHYSICIAN: VR A15 (4) 1SM 9/S9

M. Sarbin, U.S. . col eministration A STATE OF THE PARTY OF THE PAR Line of the second of the second thought the last too CONTRACTOR OF THE PROPERTY OF rudgovatra 7 1 . Cotungoli L THE PARTY OF THE P · in the second and the state of t and the state of t to a distribution of the contract of the contr

VS A15 (4) 1SM 9/58

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
9093	CERTIFICATE	OF DEATH	

9093 CERTIFICATE OF DEATH					EATH	Reg. Dist. No. 051						
1.	PLACE OF DEATH o. COUNTY	Dorchester		MARYLAND	o. STATE	Maryland	b. CC	institution: I	Residence before the state of t	re admiss	ion)	
	b. CITY OR TOWN RUBAL and give	(If outside corporate liminearest town)	ts, write	c. LENGTH OF STAY IN 16	3/	OWN (If outside co		write RURA	L ond give ne	arest town	1)	
		PITAL (If not in hospital, g	jive street	oddress)	d. STREET AI			е.			ON A FARM? YES NO.K.	
	NAME OF DECEASED (Type or print)	Charle		Middle Wright	Coulbour	4. DAT OF DEA		Month Augus	t 6		Yeor 19 60	
5.	sex Vale	O and of the sale of		IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		9. AGE (In last birt 59		UNDER 1 YEAR			
10a	. USUAL OCCUPAT during most of we Consta	orking life, even if retired)	rchester Co.	d. Dorc	hester Co			U.S.A		OUNTRY?	
		s H. Coulbo			Celia	Hurlock						
15. (Ye	s, no, or unknown)	/ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice) 2	16-12-1527	Mrs. Char	les W. Co	ulbour	Address ne, Si		iams		
ATION	Conditions, if gove rise to couse (o), statin- lying couse lost	g the <u>under</u> DUE TO	Co	rongry so	leessi liged (Criterion THE TERMINAL DISE Long alex	eoler			PERFC	AUTOPSY DRMED?	
AL CERTIFIC	OR CONTRIBUTIN	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURRI	ED. (Enter nature of			18)	•			
MEDICAL	20c. TIME OF INJU Hour a.m p. m	10	While of wor	Not while fo	LACE OF INJURY (Factory, street, office		City or town)		(County)		(Stote)	
220	21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	3	Linux Plummer	м.р.	1:15 M, fra D ADDRESS Cen & Pres	m the caus (Street, city or Navy Con	es and cor town, state	e)	stated DAT	d abave	
	REMOVAL (Specific Rurial	Mug. 8,1			Cemetery	Fed	cation (city,	rg, l	larylar		e)	
23.	J.J.Framp	tom and S of	n, Fe	deralsburg, Me	aryland	DATE AUG 1 1			AR'S SIGNATU			



VS A15 (4) 15M 9/SS

BALTIMORE,	18
֡	BALTIMORE,

	907	G	CERTI	FICA	TE OF	DEATH	1			Reg. D	Ist No	05	3
1. PLACE OF DEATH o. COUNTY	Dorche	ster	MAR	LAND	2. USUAL RESI	DENCE (Wh Mary]			institutio OUNTY	nı Reside		re admis	sion)
b. CITY OR TOWN (If ou RURAL ond give neare: Cambri	st town)	ts, write	c. LENGTH OF STAY		(.	Town (If o			write RL				
d. NAME OF HOSPITAL (OR INSTITUTION 105 Wa	of not in hospital, g				d. STREET	ADDRESS	Vashi		n S	tree	et	ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Glad	-	Middle		Fost		4. DATE OF DEATH		Mont		15		Yeor 1960
73 7	color or race Negro	7. MARR	D DIVORCE		Sept. 1	н 5. 19	286	9. AGE (I lost bir	n years		R 1 YEAR Days		ER 24 HRS. Min.
10a. USUAL OCCUPATION (during most of working Labore		done 10b.	Laborer	OR INDUS	TRY 11. BIRTHP	chest			y.Me	7		SA	COUNTRY
13. FATHER'S NAME W11 15. WAS DECEASED EVER IN (Yet no of polynomy)		oste:). 17. IP	14. MOTHER'S		AME Josep	hine	S ⁻	tanl	ey		
Conditions, if ony. gave rise to immu couse (a), stoting the lying cause last.	WAS CAUSED BY: MEDIATE CAUSE (o DUE TO which ediote)	19-18-00 • for (o). (b). ond (c). Coronar]	Willia art Di)	, Ch	urc	h_Cr	eek	RVAL BE	
CATIC	SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASI	E CONDITI	ON GIVE	EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY DRMED?
			RIBE HOW INJURY O						18.)				
20c. TIME OF INJURY Hour o. m.	Month, Doy, Yeo	While	Not while of work	20e. PLA faci	CE OF INJURY I	Home, form, e bldg., etc.	20f. (City	or town)		(County)		(State)
21. I certify that alive an AUSU ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) J	/	fas		death	, 1959 accurred at A.D. <u>227</u>		M, from	n the ca	Uses a	nd an t	he da	te state	deceose ed abave ATE SIGNE 19-6
REMOVAL (Specify) Burial	and the same of th	960	Crapo (nd. locat	no.		county)	. Ma	(Stot	
23. FLUTERAL DIRECTOR'S SI	Stell	and	ADDRESS ambi	ridg	e, Md.	240. REC'D	BY REGIST			TRAR'S SI		E.	

	TETHER	CERTIFICATE OF DEATH
THE THE COURT OF T		
AND CONTROL OF THE RESERVE OF THE PROPERTY OF		
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AND STATE DEPARTMENT OF HEALTH SAVED STATE OF A STATE O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FOR STATE DEP

al director. Page of for your files. TO DEPUTY MEDICAL EXAMINER: The partificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the sal direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you to PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Beard or its designated agent, prior to burial, cremetion, or removal, and in/any event within 72 hours after death

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09055

COUNTY	Н		2. USUAL RESIDE	NCE (Whare dece			ence before	edmission
Do	rchester	MARY	LAND a. STATE Mary	and	b. COUN		nester	
	(if outside corporate limits, d give neerest town)	c. LENGTH OF STA	Y IN 16 C. CITY OR TOWN	(If outsida corpora	te limits, write	RURAL end giv	re neerest to	vn)
	mbridge	2 yrs.7 m	os. Cambi	ridge				
d. NAME OF HOSP	ITAL OR INSTITUTION (if	not in hospitet, give street addr	ess) d. STREET ADDRES	S				A FARM
Eas	stern Shore	State Mospital	114 1	ue de 1º	Eau St		YES	NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE	Month		y Yaa	r
(Type or print)	John	Elmer	Groff,Sr.		Augus	t 4,1960	19	
5. SEX	6. COLOR OR RACE 7	. MARRIED NEVER MARRIE		9.		IF UNDER 1 YEA	R IF UNDER	
Male	White	WIDOWED DIVORCE	Dec.31,1880	A	79 yrs.	Months Deys	Hours	Min.
IDe. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Sta	te or foreign count	ry)	12. CITIZEN	OF WHAT	COUNTR
Retired Sa			Lancaste	r Pa.		T	J.S.	
13. FATHER'S NAME	A.LODINGUA		14. MOTHER'S MAIDE				70120	
E.	lias Groff		Mary Ann	Hown				
15. WAS DECEASED EV	VER IN U.S. ARMED FORCE			HOLL	Address			
	If yes give wer or detas of sen	/ice)	M T. 1 33		9 / 55	7 - 7 470	01	a 1
NO 1 18. CAUSE OF 1	DEATH [Enter only one or	euse per line for (e), (b), end (c	Mrs.Estelle	diroii, 1	14 vue	11	NTERVAL RE	TWEEN
	TH WAS CALISED BY.						ONSET AND	DEATH
4120	IMMEDIATE CAUSE (a)	Coronary Occ	lusion	-			Inst	ant
100	DUE TO	A 1						
Conditions, if any	10/	Arterioscle	rosis				3	
(a), steting the u	DUE TO					J. 1814		
ceuse lest.) (c)_							
PART II. OTHE	R SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIV	EN IN PART 1(e)		AUTOPS DRMED?
5								NO X
20e. EXTERNAL C		DESCRIBE HOW INJURY OC	CURED. (Entar nature of injury in P	art I or Part II of ite	m 18.)			
PRIMARY C	SIAIKIDOLILAO [
			20e. PLACE OF INJURY (Home, fa		r town)	(County)		(State)
20c. TIME OF INJU	URY Month, Day, Year	WhileNot Whila	20e. PLACE OF INJURY (Home, fa		r town)	(County)		(Stete)
20c. TIME OF INJU Hour a.m.	URY Month, Day, Yeer	While Not While at work et work	factory, street, office bidg., e	tc.)			d in my c	
20c. TIME OF INJU- Hour a.m. p.m. 21. I certify to	URY Month, Day, Year 19 hat I took charge of	While Not Whila at work et work the remains described ab	pove, held an Autopsy	Inspection X	, Inquir	y [], ar	nd in my c	
20c. TIME OF INJU Hour a.m. p.m.	URY Month, Day, Year 19 hat I took charge of	While Not Whila at work et work the remains described ab	factory, street, office bldg., e cove, held an Autopsy	Inspection £		y [], ar	nd in my c	
20c. TIME OF INJU- Hour a.m. p.m. 21. I certify to death resulted	URY Month, Day, Year 19 hat I took charge of	While Not Whila at work et work the remains described ab	Suicide . Homicide CHIEF MEDICA	Inspection 15.], Inquir	y [], ar		pinior
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20c. TIME OF INJU- Hour a.m. p.m. 21. I certify to death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Month, Day, Yeer 19 hat I took charge of from: Natural cause John Mace	While Not While at work the remains described abses , Accident ,	Suicide . Homicide CHIEF MEDICA ASSISTANT MI DEPUTY MEDIC Address (Street	Inspection To Under LEXAMINER DICAL EXAMINER AL EXAMINER AL EXAMINER C. city, fown, or course.	Inquir termined m	y, ar anner	DATE SIG	ppinion
20c. TIME OF INJU- Hour a.m. p.m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 20. BURIAL, CREMATIC REMOVAL (Specific	Month, Day, Yeer 19 hat I took charge of from: Natural caus John Mace ON, 22b. DATE THEREOI	While of work Not While of work of the remains described above. Accident , Jr. F 22c. NAME OF CEM	Suicide Homicide CHIEF MEDICA ASSISTANT MI DEPUTY MEDIC Address (Street	Inspection To Under LEXAMINER DICAL EXAMINER AL EXAMINER C, city, fown, or cot 22d. LOCATIO	Inquir termined m	y , anner		pinion
20c. TIME OF INJU- Hour a.m. p.m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 28. BURIAL, CREMATIC REMOVAL (Specify BURIAL)	Month, Day, Yeer 19 hat I took charge of from: Natural cause John Mace ON, 22b. DATE THEREOI Aug. 6, 196	while of work Not While of work of the remains described abses , Accident , Accident , Tropics of the second of th	Suicide Homicide CHIEF MEDICA M.D. ASSISTANT MI DEPUTY MEDIC Address (Street LETERY OR CREMATORY Teh Cemetery	Inspection To Under LEXAMINER DICAL EXAMINER AL EXAMINER C., city, fown, or course 22d. LOCATIO	Inquir termined m	y , anner 5/60	DATE SIG	pinion
PRIMARY OF OF CAUSE OF DEATH. 20c. TIME OF INJU- Hour a.m. p.m. 21. I certify fi death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22. BURIAL, CREMATIC REMOVAL (Specify	Month, Day, Yeer 19 hat I took charge of from: Natural cause John Mace ON, 22b. DATE THEREOI Aug. 6, 196	While of work Not While of work of the remains described above. Accident , Jr. F 22c. NAME OF CEM	Suicide . Homicide CHIEF MEDICA ASSISTANT MI DEPUTY MEDIC Address (Street	Inspection To Under LEXAMINER DICAL EXAMINER AL EXAMINER C, city, fown, or cot 22d. LOCATIO	Inquir termined m	y , anner 5/60	DATE SIG	pinion

CONTRACTOR DESIGNATION ASSESSMENT AND CONTRACT CHIEF STREET, SALES BEING AND SHEET OF THE STREET TOO LANGUAGED - THE PALE NE Company of the second s d Livority from the transfer of the transfer o DEST. LEADING esel unicycell SECTION OF THE PARTY AND AND AND ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSED ASSESSED AND ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA ASSESSED A . Pr. - priming the spirite and spirite and the spirite and th Mary House Warren W. P. P. S. L. S. L. S. C.

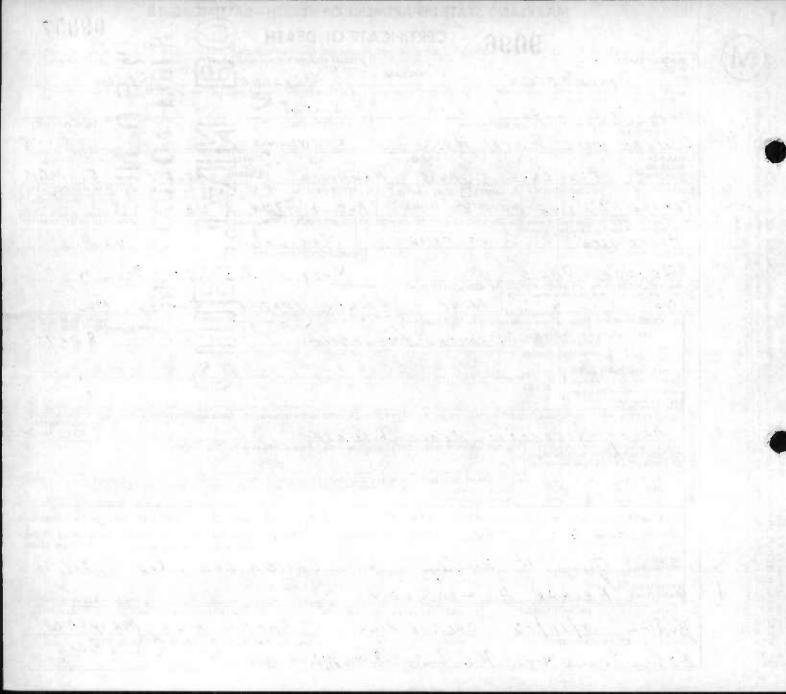
			AND () 9:	STATE DEPA		ENT OF HEALT		TIMORE, 18	1	090	56
1.	PLACE OF DEATH o. COUNTY Dorol	nester			YLAND	2. USUAL RESIDENCE (V	Vhere deceased			before ad	mission)
		f outside corporate limi	ts, write	c. LENGTH OF STAT	(IN 1b	c. CITY OR TOWN (II		rote limits, write RUR	Some:		lown)
	RURAL and give ne			5mos. 10	das.	Ewell			10	Y	-0
		AL (If not in hospital, g	ive street	oddress)	uas,	d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
		Shore State	Hos	ni t.al		Smith	Island				N A FARM?
3.	NAME OF	Fir		Middle		Lost	4. DATE	Month		Day	Year
	DECEASED (Type or print)	W	llia	m Hen	rv	Guy	OF DEATH	Augus	t	19	19 60
S.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🔲	8. DATE OF BIRTH		9. AGE (In years IF	UNDER 1	YEAR IF U	NDER 24 HRS.
	Male	White	WIDOWI			12-21-89		70 yrs.	Aonths D	ays Ho	urs Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stot	le or foreign co	ountry)	12. CITIZI	EN OF W	HAT COUNTRY
	Retired wa	terman	_	SEAFOO	10	Marva	nd		17	.S.A.	
	FATHER'S NAME				1	14. MOTHER'S MAIDEN					
1	John Gu	V				Rachel	Crocke	tt			
15.	WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. I	NFORMANT		Address	0.00		
L		W.W. I		31-14-3666	Ea	stern Shore	State H	ospital R	ecord	S	
	420 Conditions, if or gove rise to in	nmediote (C	oronary Oc rterioscle	clus				,	1 hr	,
7	lying couse lost.	ne under-)								
CATION	PART II. OTH	Broncho			ATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVEN	IN PART 1	PE	AS AUTOPSY REORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY				OCCURRE	D. (Enter nature of injury in	Port I or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. n. p. m.	Y Month, Day, Yes	20d. It While of wor	Not while of work	20e. PL	ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f. (City	or town)	(Cou	inty)	(Stote)
	actual signature		_, 12_ // /h	and the	t death	occurred at 3:30 Eastern Cambrid	P_M, from Address (Sto	the causes and rect, city or town, sto	d on the	date st	
220	BURIAL, CREMATION REMOVAL (Specify)	mst .	60	22c. NAME OF CEN	AETERY O	R-CREMATORY EMETERY	-	ION (City, town, or o	county)	N	Stote)
23.	FUNERAL DIRECTOR:	. 6	ms	ADDRESS	hie	1 ac 24a. REG	AUG 23		AR'S SIGN	ATURE	

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	91-1-	E District Const	etin ein ein
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	similar familia		vall mot
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	9096	CERTIFICA	ATE OF DEAT	H		Reg. Dist.	No.	J 6
1. PLACE OF DEATH a. COUNTY DORCHES	-= 0	MARYLAND	2. USUAL RESIDENCE (V o. STATE MAR X		ved. If institution b. COUNTY	on: Residence I	pefore admis	ssion)
b. CITY OR TOWN (If outside corporo RURAL and give nearest tawn)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		e limits, write RU	JRAL ond give	nearest tow	rn)
RURAL CAMBRIDG	ital, give street	4 XR S.	d. STREET ADDRESS		O	10	e. IS RE	SIDENCE A FARM?
EASTERN SHORE		HOSP.	UNK NOW	N				A FARM?
3. NAME OF DECEASED (Type or print) FLORE	First NCE	DAVIS H.	Last	4. DATE OF DEATH	AUGUS		Day 8	Year 1960
5. SEX 6. COLOR OR I	RACE 7. MAR		8. DATE OF BIRTH FEB. 19, 18	9.	AGE (In years last birthdoy) 6 6 yrs.	Months Da		T
10a. USUAL OCCUPATION (Give kind of during most of working life, even if r	work dane 10b etired)	KIND OF BUSINESS OR INDUS	M.		itry)	12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME		110168	14. MOTHER'S MAIDEN	I NAME	- 3	0,0	· H .	
GEORGE DA	VIS		MATTIE	DUB!	ERRY	PAVI	5	
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no, or unknown) (If yes, give war or do		SOCIAL SECONITI ITO.	VELYN JU.	STICE	Addr ELKT	ess	40	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) UE TO (c)	RONCHO-PNE						9 Y.S
ARTERIOSCLE	ROTIC	CONTRIBUTING TO DEATH BUT	SEASE			EN IN PAKT I	PERF	ORMED?
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH NER) 20b. DES	CRIBE HOW INJURY OCCURRED	D. (Enter noture af injury i	n Port 1 or Part 11	of item 18.)			
20c. TIME OF INJURY Month, Doy Hour o. m. p. m.	While	1	ACE OF INJURY (Home, fa tory, street, office bldg., e	orm, 20f. (City or	town)	(Cou	nty)	(Stote
21. I certify that I attended alive an Aug. 7		o, and that death		4_M, fram th	e causes and et, city or town,	d an the d	ate state	
PHYSICIAN'S GEORG	E 4.	LONGLEY						
220. BURIAL, CREMATION, 22b. DATE TO BURIAL (Specify) 8	60	CHERRY HIL	C C	HERRY	HILL	MAI	RYLAI	
W. H. Peffin Funeral &	lome !	W. G. Fresty Elk	ton Ma DATE	AUG 11		TRAR'S SIGN	Thank	



VS A15 (4) 15M 9/55

007	CERTIFICA	ATE OF DEATH		Reg. Dis	t. No.
1. PLACE OF DEATH o. COUNTY Dorchester. Go	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. CC	YTAUC	
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) Cambridge, Maryland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		write RURAL and g	ive nearest lown)
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION 19 Muir Street		d. STREET ADDRESS			IS RESIDENCE ON A FARM? YES NO
3. NAME OF Fin DECEASED (Type or print) Charle		Lost	4. DATE OF DEATH	Month 8	Day Year 7 19 60
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birth		1 YEAR IF UNDER 24 HRS. Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	done 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole			ZEN OF WHAT COUNTRY
13. FATRER'S NAME		14. MOTHER'S MAIDEN N			
Thomas Harper 15. WAS DECEASED EVER IN U. S. ARMED FOR IYOS. no. or unknown) (If yes, give wer or dates of se	arvice)	INFORMANT		Address	Combanidas M
18. CAUSE OF DEATH [Enter only one co PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	use per line for (o), (b), and (c).]	Mrs Charles He	rper, 19 M	vir, St.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate	Corona	my Hen	x O vsein	re	2yr.
lying couse lost. (c)		T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	ON GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in f	Port I or Part II of item	18.)	YES NO
20c. TIME OF INJURY Month, Day, Yee Hour o. m. 19		ACE OF INJURY I Home, form ctory, street, office bldg., etc.		(C	ounty) (State)
21. I certify that I attended the olive on Solo Actual SIGNATURE		occurred at	0	uses and on th	ast sow the deceosed date stated above
PHYSICIAN'S Lawren	ce Maryani	0V	Camb	pridge	md
220. BURIAL CREMATION, REMOVAL (Specify) 8/9/196	6 East New Mar	ket Cemtery	22d. LOCATION (City, East New	Market. N	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral S	ADDRESS ervice. Cambridge,		BY REGISTRAR 246	Calhan & 1	

Le Compte Funeral Service, Cambridge, Md.

ATE OF DEATH	OTHER DESIGNATION OF THE PERSON OF THE PERSO
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THE PROPERTY OF	
A CONTRACTOR	The transfer of the second
	or account your production (FLSEA) and ROTA
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AND THE VO	SERVICE THE VIEW AND ASSETTING

on,	(1)	9097 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 19059
pleose 4 should cremot	W.	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY b. COUNTY
Poge, buriol,		b. CITY OR TOWN If outside disposes limits write RURAL and give nearest lown) c. CITY OR TOWN (I) outside disposes limits, write RURAL and give nearest lown) c. CITY OR TOWN (I) outside disposes limits, write RURAL and give nearest lown)
y is nec	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) G. STREET ADDRESS ON A FARM YES NO
ny dela yau: yau: egistrar		NAME OF DECEASED (Type or print)
h. If o o the funded for the re		SEX 6. COLONOR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Haurs Min. WIDOWED DIVORCED Approx 76 yrs.
ond 3 to be retoi nd 2 wi		during most of working life, even if retired 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CHIZEN OF WHAT COUNTRY OF WHAT CO
es 1, 2, 5 may l ges 1 o		FATHER'S TRAME LENY HERY MAIDENTIAME Callins
ive Page Poge	I	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Denty Services (1) yes, give wor or dates of services (1) yes, give wor or dates (1) yes, give w
uted with 18. Gran PA3 permit.	()	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COPONARY OCCURSION INDEED AT 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COPONARY OCCURSION INSTANCE OF DEATH ONLY OF THE PROPERTY OF THE PROPER
oe exec l in Iter with fo		Conditions, if ony, which (b)
should In penci		gave rise to immediate cause (a), stoling the underlying (c) Couse lost.
ficate Office sed os	7	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES 1 NO
d 'F		20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
the worldical Execution 3 short		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while at work of w
riting ef Me	7	21. I certify that I took charge of the remains described above, held on Autopsy X, Inspection , Inquiry , and find the death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined cause .
cote, with Chi	0	ACTUAL O DATE SIGNED
TY ME certificated to RAL DI		ASSISTANT MEDICAL EXAMINER
cute the forword O FUNEI	0	SEMOVAL (SPECIFY) 226, DATE THEREOF 22C, NAME OF CEMETERY OR CREMATORY 220, LOCATION (City town, or county)
VS. ATSME(S)	BI	1. FUNERAL DIRECTOR'S SIGNATURE DATE AUG 2 6 '60 CILLIAN S. THILLO SIGNATURE DATE AUG 2 6 '60 CILLIAN S. THILLIANS
5M 9/55		A , , while

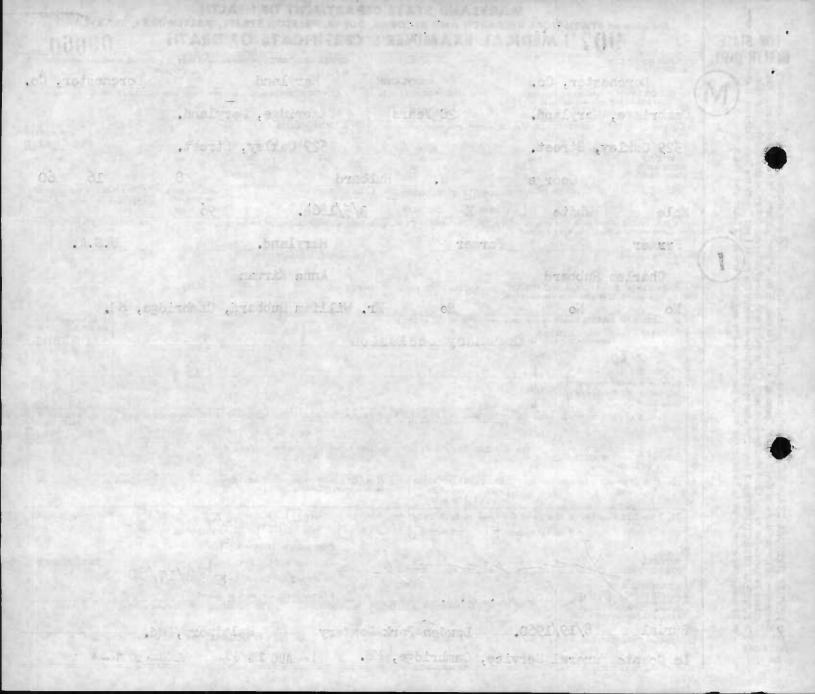
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) I director. Page or your files. bard of Health, a. COUNTY a. STATE b. COUNTY necessary Dorchester, Co. Dorchester, Co. MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) for your write RURAL and give nearest town) Cambridge, Maryland. 20 Years Cambridge. Maryland. oard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? B retained he State B YES NO X 529 Oakley, Street. 529 Oakley, Street. 3. NAME OF Middle 4. DATE Yaar DECEASED the (Type or print) DEATH 19 60 George W. Hubbard with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with and 2 wi last birthday) Months pue Days WIDOWED Y DIVORCED 96 Male yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, even if retired) Give Pages 1 rm PM3. Pag Farmer U.S.A. within Farmer Maryland. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Kirwan Charles Hubbard form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgiva war or datas of servica) Mr. William Hubbard, Cambridge, Md. Office along w 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, pencil IMMEDIATE CAUSE (a) COronary occlusion Instant s a burial-DUE TO Conditions, if any, which gava rise to immediata causa "pending" DUE TO (a), slating the underlying Examiner' 98 pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 20 plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. EXAMINER Chief age 3 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, : 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) age Not While factory, street, office bldg., atc.) Whila 0 Hour a.m. please execute the certificate, w 4 should be forwarded to the D FUNERAL DIRECTOR: Pa or its designated agent, prior to al work at work the R. P. prior 21. I certify that I took charge of the remains described above, held an Autopsy | , Inspection k Inquiry and in my opinion MEDICAL death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER IX NAME (Type) John Mace Jr. Addrass (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Spacify) Q40 p 0 Burial Lowden Park Cemtery 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE -VS. A15ME Le Compte Funeral Service, Cambridge, Md. DATAUG 2 3 '60 Cirthur S. Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

NO Z

(Stata)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9098 CERTIFICATE OF DEATH PLACE OF DEATH Dorchester o. COUNTY filed MARYLAND the funeral should be fi ofter death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Cambridge 6yr.6mo.17das d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Eastern Shore State Hospital NAME OF DECEASED 24 B. Frances fille (Type or print) within ? 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX White 6-10-73 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) death. during most of working life, even if retired) ouo corbon ofter 13. FATHER'S NAME physicion James Stewart hours remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT no offending death 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] 7 PART I. DEATH WAS CAUSED BY: Broncho-pneumonia IMMEDIATE CAUSE (o) **DUE TO** 2 Cerebral Arteriosclerosis Conditions, if any, which gove rise to immediate per DUE TO cause (o), stoting the underpuo lying couse lost. uriol-transit CATION removo 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) cremation, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED detoched for use to buriol, cremati factory, street, office bldg., etc.) 0. 11. Not while of work of work Feb. 21. I certify that I attended the deceased from August DIRECTOR: ACTUAL prior FUNERAL DIR

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Dorchester Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge d. STREET ADDRESS e. IS RESIDENCE 306 West End Avenue ON A FARM? YES NO IN 4. DATE Year Day 19 60 Hubbert OF DEATH 19 August B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 9. AGE (In years los birthdoy) Months Doys Hours yrs. 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. 14. MOTHER'S MAIDEN NAME Susan Billups Records - Eastern Shore State Hospital INTERVAL BETWEEN ONSET AND DEATH 2 days several years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)

August that I last saw the deceased and that death occurred at 4:40 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED E.S.S. Hospital, Cambridge, Md. 8-19-60

Dr. Simon Virkutis PHYSICIAN'S NAME (Type)

LeCompte Funeral Home, Cambridge, Md.

220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Dorchester Mem. Park Cambridge, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE AUG 2 3 '60

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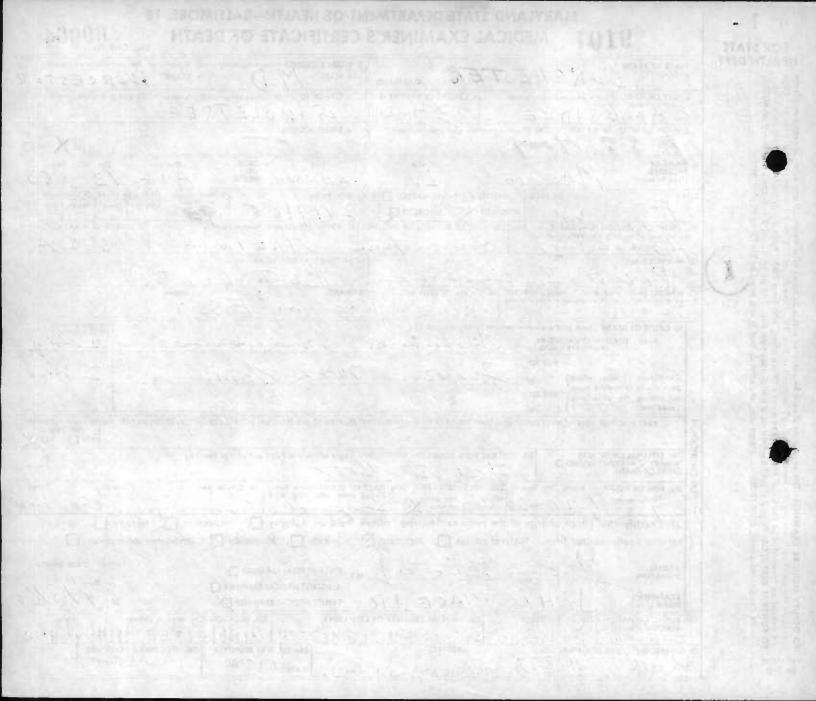
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O LOR MEDICAL EXAMINER'S CERTIFICATE OF DEATH

						19063
I. PLACE OF DEATS	H		2. USUAL RESIDEN	CE (Where dacease		lesidence belora edibssion)
Dorcheste	er	MARYLAND	* Maryland		Kent	
writa RURAL and	if outside corporate fimits, d giva nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporata I	imits, write RURAL end	d giva naerast town)
Cambridge,	rural	2 yrs.	Worton			
	TAL OR INSTITUTION (if not in ore State Hospi		d. STREET ADDRESS		147	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Charles C. Ive	Middla	Last	4. DATE OF DEATH AUS	Month	Day Year 1960
5. SEX	6. COLOR OR RACE 7. MAR		. DATE OF BIRTH	lg. AGE	(In years IF UNDER 1	YEAR IF UNDER 24 HRS.
Male		The second secon	May 24th. 18	77 83	birthday) Months	Days Hours Min.
10a. USUAL OCCUPAT	ION (Giva kind of work 1Db	. KIND OF BUSINESS OR INDUSTR				ZEN OF WHAT COUNTRY?
Retired st	ore keeper	Retail	Maryland		Ţ	J.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN			,
James Ive	ns		Alinda Iv	ens (I	nee Simms	1)
	ER IN U.S. ARMED FORCES? 1	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
No		220-32-96L1 Re	cords of Eas	tern Shore	State Hos	spital
	DEATH [Enter only one cause p				7	I INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY: Ter	minal Broncho-p	neumonia			ONSET AND DEATH
44	DUE TO					
Conditions, if eny	(6)	eriosclerotic C	ardio-vascul	ar Renal d	lisease	?
gava rise to immad	> DUE TO					
cause last.	(c) Art	eriosclerosis G	eneralized			?
Z PART II. OTHE	R SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE COND	TION GIVEN IN PART	
		cture left Femu				YES NO
20e, EXTERNAL C. PRIMARY ☐ or CC CAUSE OF DEATH.	AUSE WAS # 2Db. DES	CRIBE HOW INJURY OCCURED. (E	inter nature of Injury In Pa	rt I or Pert II of itam 1	8.)	
	OTT	ped on the tile				p
20c. TIME OF INJU		d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farr		vn) (Cou	nty) (Stata)
3:30 p.m.	Aug. 2nd 19 60 01	work et work # East			oridge. Md.	
		emains described above, he		-	Inquiry #.	and in my opinion
The second second	from: Natural causes	-	ide, Homicide	, Undeter	mined manner	
	T-1.10	d.1. 1,700	CHIEF MEDICAL			
ACTUAL SIGNATURE	Clarity's	M. NOG	7:M.D.	ICAL EXAMINER		DATE SIGNED
EXAMINER'S NAME (Typa)	Eldridge H. Wol	ff, M. D. Cam	DEPUTY MEDICA bridge of Manie	L EXAMINER #		26th Aug. 160
22e. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OF			City, town, or country	(State)
REMOVAL (Spacify	Aug. 29, 19	60 Chester	Cemetery	Cheste	rtown, Ma	ryland
23 FUNERAL DIRECTO		ADDRESS			24b. REGISTRAR'S SI	
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CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY Filed \ MARYLAND Maryland Dorchester. Co. deoth. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) erol b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Wingate, Maryland. 0 2 Weeks Cambridge. Maryland. d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS None 210 Academy, Street. 4. DATE NAME OF Middle Last Month OF DEATH DECEASED 8 Bloodsworth Jones (Type ar print) Amanda 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX ost birthdoy) WIDOWED DIVORCED T Female 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) death. during mast af warking life, even if retired) Dorchester Co. Maryland. Housewife Housewife carbon 14. MOTHER'S MAIDEN NAME ofter 13. FATHER'S NAME Unknown William Bloodsworth move IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mr. Ernie E. Jones. 210 Academy. 72 No aftending No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 7.6 8 DUE TO Canditians, if any, which ony gove rise to immediate DUE TO catse (a), stating the underlying cause last. urial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Manth, Doy, Year factory, street, affice bldg., etc.) o. m. While Not while ot work at work p. m 21. I certify that I ottended the deceased from and that death occurred at 12.40M, from the couses and on the date stated above. olive on FUNERAL DIRECTOR: ADDRESS (Street, city or ACTUAL prior should PHYSICIAN'S NAME (Type) gistror 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge BIREMOYAL (Specify) /1960. Cambridge Cemtery Cambridge. Maryland. he 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR arthur S. Kines Le Compte Funeral Service, Cambridge, Md. DATE ANG 2 3 '60

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

Months

Dorchester Co.

Day

Days

(Caunty)

Chat I lost sow the deceased

IF UNDER 1 YEAR IF UNDER 24 HRS.

U.S.A.

Haurs

12. CITIZEN OF WHAT COUNTRY?

. IS RESIDENCE

ON A FARM? YES NO XXX

Year

St. Cambridge.

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

INTERVAL BETWEEN

ONSET AND DEATH

1960

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HEALIH DEP	1.		OF DEATH					2. USUAL RES	SIDENCE (W	here decea	sed lived. If inst	itution: Resi	dence bef	ore admission)
Fless. Health,		e. CO		orchester			MARYLAND	o. STATE	Maryl		b. cour	VIV _	ches	
Heoli I	1		OR TOWN (II	l'outside corporate limits, s	write RURAL	c. LENGTH OF	STAY IN 16	c. CITY OR	R TOWN (IF	outside cor	porate limits, wri	te RURAL o	nd give n	eorest fown)
5 5 5 6 (IV	1/1			Cambridge		12	hours	A	Winga	te				
Board dire				Shore Sta			d. STREET ADDRESS e. IS							
ih.	,	3. NAME			First	Wid	Lati.		. 1	4 0 477				YES NO
er de		DECEA	SED or print)	Elon		Waye		los lones		4. DATE OF DEATH	Augu		76	1960
0 4 4 0 T		5. SEX		6. COLOR OR RAC	E 7. MARE	RIED NEVER M	ARRIED 3	DATE OF BIRTH	Н	-	9. AGE Iln years			IF UNDER 24 HR
d 3 d 3 ours			Male	White	WIDOW	ED DIVO	RCED	4/9/8	31		fast birthday) 79 yr	Months	Days	Hours Min.
2, on ond 3		during	most of working	ON (Give kind of war	rk done 10b. d)			RY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12. C	TIZEN OF	WHAT COUNTR
E	1	W	aterman	1		Seafoo	d	M	aryla	nd			USA	
Poges Poges mr with	1	13. FATH	ER'S NAME	a - mara T				14. MOTHER'S						
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File		15. WAS	DECEASED EV	ER IN U. S. ARMED I		S. SOCIAL SECURIT		IFORMANT			Addre			
it. it.		1/4)•			218-16-7	072 E	astern	Shore	State	Hospit	al re	cords	3.
d :: 0		18. C		TH (Enter only one o									INTER	VAL BETWEEN T AND DEATH
of o		0	PART I, DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE	(a)	Cereb	ral Ac	cident					0	hours
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em el-tr			ditions, if a		(b)	Arter	iosc t er	osis g	enera	lized			1	?
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o e			e fost.		(c)									
iking.	1	20	PART II, OTH	ER SIGNIFICANT CO	NOITIONS (CONTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMI	VAL DISEAS	E CONDITION O	IVEN IN PA	RT 1(0) 15	. WAS AUTOPSY
gread Grean	-	CATO		Carcinoma	of to	ngue							1	PERFORMED?
d be		PRIM.	EXTERNAL CALLARY OF DEATH.	USE WAS NTRIBUTING []	20b. DESCRI	None.	OCCURRED. (E	nter nature of in	njury in Part	l or Port II	of item 18.)			
D D D D		₹ 20c.	TIME OF INJU	RY Month, Doy,	Yeor 20d	INJURY OCCURRI	ED 20e. PLAC	E OF INJURY (Home form	206 (City	or town)	IC	ounty)	(State)
ng the Ch		20c.	Hour a.m. p. m.		Whi		facts	ary, street, affice	bldg., etc.)	201. (City	or fown,	10	ouniyi	(21916)
Pog	-	21.	I certify th	nat I took chor	ge of the	remoins desc	ribed abo	ve, held an	Autopsy		spection X], Inqu	iry X.	and in my
ent.	- 15	opir	ion death	resulted from:	Natural	causes 🏝,	Accident [], Suicide	e 🔲 , H	lomicide	. Unde	termined	monne	
100 P B	3		1	200	1	1. 18	0.0	1000						
forw of ed		SIGN	JAL IATURE	lalie	Kg 5-	IT. WO	olfp	M.D. CHIEF M	AEDICAL EX	AMINER [DATE SIGNED
he be be sign		EXA	MINER'S		/		10		NT MEDICA				8/	16/60
o de		NAN	IE (Type)	Eldridge		olff, M	UB.		MEDICAL E	XAMINER [X			
3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	220. BURI REM	AL, CREMATIC OVAL (Specify)	N. 22b. DATE THER	REOF	22c. NAME OF	CEMETERY OR	CREMATORY		22d. LOCA	TION (City, town	, or county)		(State)
2409	1	Bu	RAL DIRECTOR	8/19/	1960	Dorche	ster Me	morial			Jamb <u>ri</u> da	h Ma		
5. A15ME	PI.			Funeral S	iamri ce	MOUNEGS								
5M 2/57	77	Tre	O O III TO GA	runerar o	ET ATC	o daniol 1	ugo, III	w.	DATE A	NG 23	60	I ima	8. Kus	AA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 4.9066

ON A FARM?
YES NO Yeor

IF UNDER TYEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

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MEDICAL DOMINING CERTIFICATE OF DIATH beatimens committee lader -de to de production of the second contract of The state of the s and the state of t

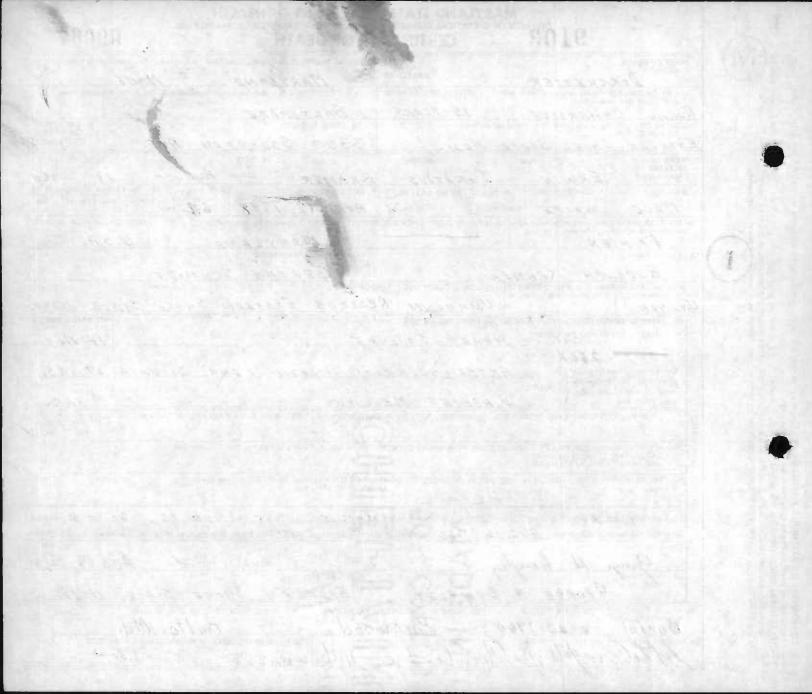
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OTO CERTIFICA	TIE OF DEATH
1. PLACE OF DEATH O. COUNTY DORCHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) RURAL CAMBRIDGE 15 YEARS	BALTIMORE 3/01-4
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
EASTERN SHORE STATE HOSP.	3307 SOUTHERN AVE. YES NO!
3. NAME OF DECEASED (Type or print) ERWIN IGNATIUS	Lost 4. DATE Month Day Year OF DEATH AUGUST 18 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
MALE WHITE WIDOWED DIVORCED W	APRIL 18 1898 67 yrs. Months Doys Hours Mir
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
PRINTER	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
RUDOLPH KRAMER	BERTHA SCHMIDT
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [1] (If yes, give wor or dotes of service)	NFORMANT Address
UNKNOWN UNKNOWN K	ECORDS ENSTERN SHORE STATE HOSP
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATI
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEART FAILU	
440 × 260 X DUE TO	
Canditions, if ony, which) (b) ARTERIO SCLERE	OTIC CARDIO-RENAL DISEASE 17 YRS.
gave rise to immediate cause (a), stating the under-	
	LLITUS 9 YRS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES \(\text{NO} \)
20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, form, cotary, street, affice bldg., etc.) (City or town) (County) (State bldg., etc.)
	Joh. 10 1945 . to Aug 18 1960, that (*) (we) la
saw the deceased alive an AUC 16 1960, and that	death accurred at MM, from the causes and an the date stated above
George A hamle	M.D. ATTENDING MED. STAFF SIGN PHYS. AUG 18. 1960
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
GEORGE H. LONGLEY	EASTERN SHORE STATE HOSP.
23a. BURIAL, CREMATION, REMOVAL (Specify) 8-22-1960 Parku	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
httel medle De Combardas	Med parama 22 160 Cathur & three

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending thysician.

TO FUNERAL DIRECTOR: After this certifical as been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, crematian, or remayal, and in any event, within 74 hours after death.

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

•	09068
Reg. Dist	

	9104	CERTIFICA	Reg. Dist. No.	
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased live	ed. If institution, Residence before
o. COUNT	Dorchester	MARYLAND	Marvi and	b. COUNTY Dorche

	o. COUNTY	Dorches	ter	MAR	rLAND	2. USUAL RESIDENCE (WI		d lived. If institution b. COUNTY			re odmis	
	b. CITY OR TOWN (RURAL ond give n Rural -C			c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF C		erote limits, write R		give nec	prest 10w	n)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS					ON /	SIDENCE A FARM? NO 🔯
1	NAME OF DECEASED (Type or print)	Fir Matt		Middle		Lee	4. DATE OF DEATH	Mon Aug.	th	Do	•	Yeor 1960
	sex Female	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI		8. DATE OF BIRTH May 4. 189	9	9. AGE (In years lost birthday) 6/2 6 1 yrs.	Months	Days	Hours	ER 24 HRS. Min.
L	Lab	ON (Give kind of work of king life, even if retired OPER	done 10b.	Labore		Dorchest	er Co	ountry) ounty, Md		TIZEN C		COUNTRY?
13.	FATHER'S NAME	George	Car	r		14. MOTHER'S MAIDEN N		Meekins				
15. (Ye	WAS DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give wor or dotes of so can not see see not not not not		SOCIAL SECURITY NO		NFORMANT Luther Carr	, Lir	Addinas Road		· Cc) • •	Md
		mmediate (6	Me to (o), (b), and (c)	ele	selesor) ?	Xall	elen.			ETWEEN DEATH
L CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING OF CAUSE OF DEATH MEDICAL EXAMINER)	de	of li	X /	NOT RELATED TO THE TERMI	blec	aca	EN IN PAR	RT 1(o) 1	PERF	AUTOPSY ORMED?
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	20d. I While of wor	NJURY OCCURRED Not while	20e. PL	ACE OF INJURY (Home, form story, street, office bldg., etc	20f. (City	y or town)	(County)		(Stote)
	21. I certify the olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	nat I attended the	decease 196	1 1		occurred of			nd on t		te stot	
220	SUDIAL CREMATIC	N 225 DATE THEREO	F	/ 22c NAME OF CEM	ETERY O	D CDEMATORY	224 LOCA	TIONI (City Issue			164	

1960

Dorchester County, REGISTRAR 246. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

Linas Road Cemetery Cambridge, Md.

24a. REC'D BY REGISTRAR DATE BUG 2 3 '60

arthur S. Kraus

may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certified page 3 shauld be detached far use as the the registrar prior to burial, cremation, or an arrangement of the control o VS A15 (4) 15M 9/SS

TO HOSPITAL OR

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

as been signed by the attending physician and campletely fillerrial-transit permit. Then please remove carbon papers. Pages maval, and in any event within 72 hours after death.

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TERTIFICATE OF DEATH	2010
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resident of the control of the state of the	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09069

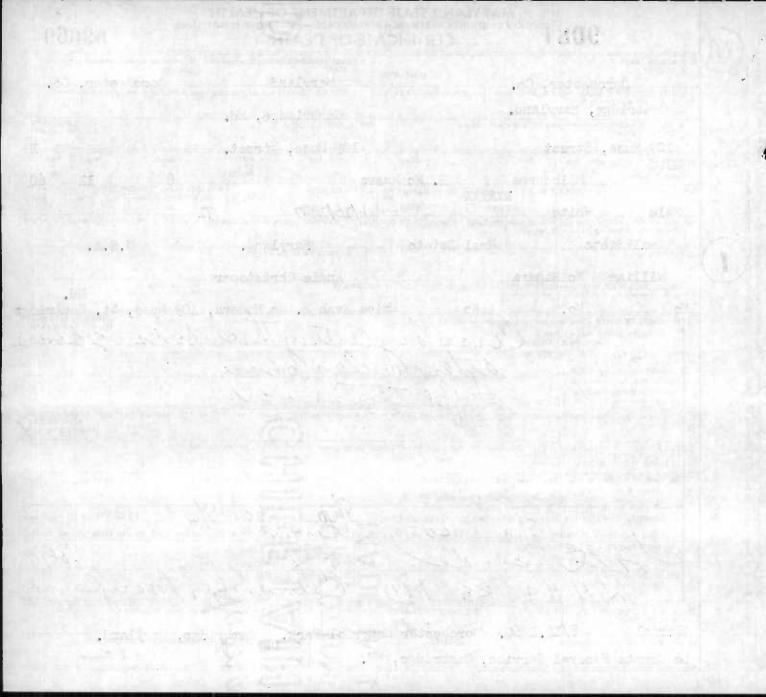
1.	PLACE OF DEATH			MARYL		2. USUAL RESID	ENCE (W)	here deceased	lived. If institut b. COUNTY		e before a	dmission)
	Doz	chester. C	0	MARTE	AND	Mary	rland		T	orche	ster.	Co
	b. CITY OR TOWN (RUBAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR fo			ote limits, write I			town)
	OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET AD		ge, Md.				RESIDENCE
	109 Muse	Street				109 Mus	se S	treet.			YE	S NO
3.	NAME OF DECEASED (Type or print)	Milbour		Middle R. McN		Lost		4. DATE OF DEATH	Moi R	nth	Doy	Yeor 19 60
S.	SEX	6. COLOR OR RACE	7 XXX	NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In years lost birthday)		-	UNDER 24 HRS.
	Male	White	WIDOW	ED DIVORCED		1/16/188	30		77 yrs.			
	during most of war RealESt	ON (Give kind af work king life, even if retired		KIND OF BUSINESS OR	INDUSTR	1	larvl	and.	untry)		S.A.	HAT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN !	NAME				
	William	Mc Namai				Amend -	Oha	.2 .4				
15				SOCIAL SECURITY NO.	17. INFO	ORMANT	UILI	ristope	Add	Iress		
		(If yes, give wor or dates of s									M	d.
	No	No.		No	Mis	s Evah I	3. Mc	Mamar	a. 109 1	luse.	St. C	ambride
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Co	ine for (o), (b), and (c).]	4	arte	ry,	Thron	ulo	is	ONSET	AL BETWEEN AND DEATH
	Conditions, if a gave rise to i cause (o), stating lying cause lost.	mmediate Dus To		Lyper	ter	The se	15	w				
ATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERM	MNAL DISEASE	CONDITION GI	VEN IN PART	P	WAS AUTOPSY PERFORMED?
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED.	(Enter nature of	injury in	Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. I While of wo	Not while		CE OF INJURY (H			or town)	(0	Caunty)	(State)
		8	Yotten	ded the deceosed f		2/10-	1100	6010	74			(I) (we) lost
	saw the deceo	786	200	West.	196	ATTENDING		AED.	STAFF PHYS.	nd on the	S date si	22b. DATE
	22c. PHYSICIAN'S NAME (Type)	1. H. HA	N1	KS M)	22d ABORE		1718	Je, 1.	nai	gla	us
23	g. BURIAL, CREMATIC REMOVAL (Specify Burial	0 /-	0F	23c. NAME OF CEME			mle	23d. LOCAT	ION (City, town,	or county)		(Stote)
24	FUNERAL DIRECTOR			ADDRESS	-11CHK	JI TAT 18	250. REC	D-BY-REGIST	RAR 256 REG	STRAK'S STO	NAPURE	
1	Le Compte	Funeral Ser	vice	, Cambridge	, Md	•	DATE	00 23 0	0	other S.	Kins	

the funeral director,

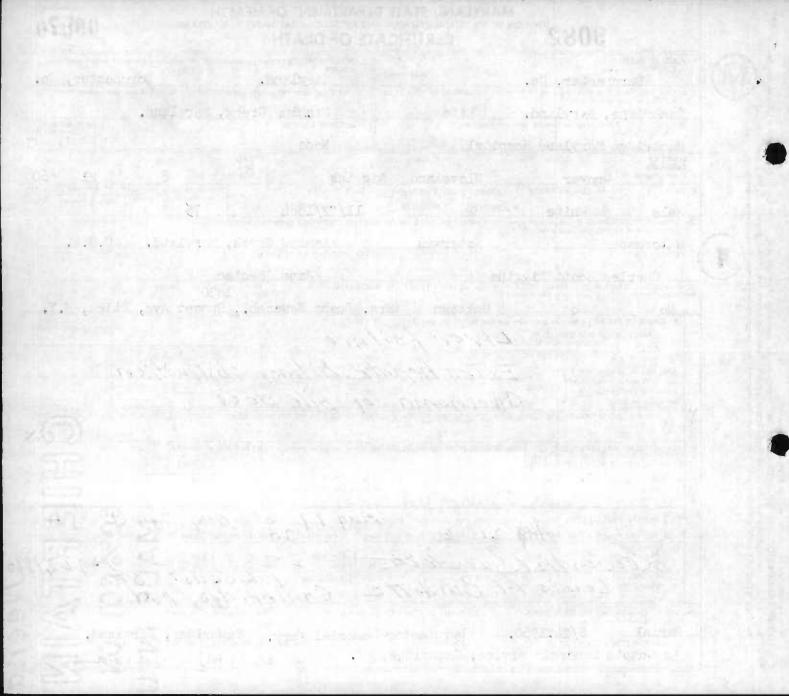
The law requires that the death certificate be executed within 24 hours after death. Page 4

me amenaing physician and completely tilled the funeral director. Then please remaye carbon popers. Pages 1 and 2 should be filed with O FUNERAL DIRECTOR: After this certificate 70s been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death. nysician. may be retained by the hospital ar ottend

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A1S (4) 15M 9/59



	000%		CERTIF	ICAI	E OF DEAT	П					- 11
PLACE OF DEATH	hester. Co.		MARY		2. USUAL RESIDENCE (o. STATE Markla	The second	d lived. If institution b. COUNTY	-	chest		0
b. CITY OR TOWN (If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		prote limits, write R				
RURAL and give no			Life		Pinhin	or Canal	Marrila	200			
	Maryland		A STATE AND DESCRIPTION OF THE PERSON OF THE	-	d. STREET ADDRESS	-	, Maryla	nu.		e. IS RES	IDENCE FARM?
Cambridge	Maryland H	ospi	tal		None					YES _	NO N
NAME OF DECEASED (Type or print)	Fir	st	Middle		Last	4. DATE OF DEATH	Mon 8	ith	Do	,	Year 1960
	urover	17	Cleveland		ggins	DEATH		TIE LINIDE			ER 24 HRS
SEX	6. COLOR OR RACE	WIDOWI	RIED NEVER MARRII		DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months		Hours	Min.
Male	White	1			11/22/1001	t as familia a	75 yrs.	10.01	TIZENIOI	- A/LIATO	OUNTRY
during most of wor	ON (Give kind of work king life, even if retired)	KIND OF BUSINESS O	K INDUST	KT II. BIKIHPLACE (ST	ate or toreign c	ountry)	12.01			OUNTRY
Waterman			Waterman		Fishing	Creek,	Marylan	d	U.S	5.A.	
FATHER'S NAME				2.30	14. MOTHER'S MAIDE	N NAME					
Charle	s Scott Ris	rai na			Jane	Shento	m				
WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. INF	ORMANT		. And all	ress			
, no, or unknown)	(If yes, give wor or dates of s				77		430		*		7.0
No	No		Jnknown		. Buena New	rcomb.,	Sunset A	ve,			Y
18. CAUSE OF DEA	ATH [Enter anly one co	use per li			ure .					ERVAL BE	
Conditions, if o gave rise to i cause (a), stoting lying cause lost.	the under-	CON	cinome	7 0	1	due	7			2AW O	AUTOPSY
PARI II. OII	HER SIGNIFICANT CON	IDITIONS <u>C</u>	CONTRIBUTING TO DE	AIH BUIN	OT KELATED TO THE TE	KWINAL DISEAS	SE CONDITION GIV	FEN IN PA	x1 1(a) 1	PERFC	RMED?
20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of injury	in Port I or Par	rt II of item 18.)				
20c. TIME OF INJUS Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. II While of wor	NJURY OCCURRED Not while t ot work		CE OF INJURY (Home, f pry, street, affice bldg.,		y or town)		(County)		(Stote
	ot (I) (this hospita sed olive on Au				ath occurred at 2						
22c. PHYSICIAN'S NAME (Type)	vès mi	3	Burde	X M	ATTENDING	DIRECTOR D	STAFF PHYS D	5	f.		SIGNE
			0000	-	can	oric	112,	101,			
REMOVAL (Specify)			23c. NAME OF CEM				TION (City, town,	or county		(Sto	(e)
FUNERAL DIRECTOR	8/21-196		Dorches:		2Sa. R	EC B BY REGIS	mbridge TRAR 2Sb. REGI	STRAR'S	Land	RE	
Le Compte	Funeral S	ervi	ce, Cambrid	lge, N		AUG 3 1		7-11-0	8 4		



FOR STATE HEALTH DEPT.

lay is necessary, al director. Page

TO DEPUTY MEDICAL EXAMINER:
pertificate should be executed within 24 hours after death. If are let y is necessar please execute the certificate, writing the first of "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the stall director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fifter.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the let or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9083 09071 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEAT	H			2. USUAL RESIDENCE (Where decased lived, If institution: Residence before edmission) a. STATE b. COUNTY							
	rchester		MARYLAND	Maryland c. CITY OR TOWN (if outside corporata limits, write RUKAL and give nearest town)							
b. CITY OR TOWN	(if outside corporate limited give neerest town)	s,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corp	porata fimits, write	RUKAL and	give nearest	town)		
-	mbridge		10 years	Comb	ridge						
d. NAME OF HOSP	ITAL OR INSTITUTION (f not in ho	spilel, give street eddress)	d. STREET ADDRESS	Truge				RESIDENCE		
Combani	des Marmalan	3 TT							N A FARM?		
3. NAME OF	dge-Maryland	1 NOS	PITAL Middle	Lost R.F. I	A. DATE	Month	,		'ear		
(Type or print)	Buth		Holland	Robbins	OF DEATH		t 18.1		9		
5. SEX		7 14 4 0 0 10		B. DATE OF BIRTH	10	AGE (In yeers		,00			
Female	White	WIDOWE		February 11.		lest birthdey)		eys Hours			
	TION (Give kind of work		CIND OF BUSINESS OR INDUST			untry)	12. CITIZ	EN OF WHA	T COUNTRY?		
Homemaker		0)		Baltimore			IT	.s.			
13. FATHER'S NAME				14. MOTHER'S MAIDEN			0	• 12 •			
	obert B. Ho	77.000		Alta Gaue							
15. WAS DECEASED E	VER IN U.S. ARMED FOR			INFORMANT	F	Address					
	(If yas give wer or detas of se	ervice)									
No	DEATH [Enter only one		Ve	rnon L.Robbi	ns, Cam	bridge,M	d.,R.D		D		
	THE WAS CALLESD BY							ONSET AN			
PARI I. DEA	IMMEDIATE CAUSE (a)_	Cere	bral vascul	ar accident	t			10 1	rs.		
331	DUE TO										
Conditions, if en	y, which (b)										
geve rise to immed	DUE TO										
(a), stating tha	undariying							- 110			
Z PART II. OTHE	ER SIGNIFICANT CONDIT	IONS CON	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	(e) 19. WA	SAUTOPSY		
6								1	FORMED?		
20a. EXTERNAL C	ALISE WAS 2	DECCO	RIBE HOW INJURY OCCURED. (Enter nature of Injury In Par	d Los Dorb II o	(itam 10)		YES	NO X		
PRIMARY OF CAUSE OF DEATH	ONTRIBUTING [DB. DESCR	THE NOW INJURY OCCURED.	chier halore of injury in Far	TI OF PERT II O	r nem to.;					
2Dc. TIME OF INJ Hour a.m. p.m.		While	INJURY OCCURRED 20e. PL/ e Not While fac rk at work	ACE OF INJURY (Home, farm tory, streat, office bldg., etc		y or town)	(Count	у)	(State)		
21. I certify t	that I took charge o	f the ren	nains described above, he	eld an Autopsy ,	Inspection	M. Inquir	у П.	and in my	opinion		
death resulted	from: Natural ca	uses 😿	Accident . Suic	ide , Homicide	T, Un	determined m	anner 🗍				
1000	0	42		CHIEF MEDICAL	EXAMINER T	7	lound				
ACTUAL	/	2	71 -	ASSISTANT MED		IED T		DATE S	IGNED		
SIGNATURE	10		000	M.D.			0160	W65.4 64 6	101411		
EXAMINER'S NAME (Type)	John Mace	Jr.	M.D.	DEPUTY MEDICA: Addrass (Street,			2/60				
220. BURIAL, CREMATI	ON, 22b. DATE THEREO	- 1	22c. NAME OF CEMETERY OF Dorchester Me	R CREMATORY	22d. LOCA	TION (City, town		(5	itate)		
23. FUNERAL DIRECTO	OR A A	0	ADDRESS	24a. REC	O'D BY REGIST	RAR 24b. REG	ISTRAR'S SIG	NATURE	7		
Xo.	7/12	ter.	us Cambridge,	Md.	10 0 0 10	0 5		4			
June	vic 1,0			DATE	IG 23'6	u l a	What S. 1	halls			

**** 3 37 Thursday and a salinder la PERSONAL T Quebridas Penbirdas be dies Meganita il 1818 - William The start welcome and the same of th namifol .a fredui 100000 Vergon L. Rebbins, Sunback e. M. J. D. 1 A Property of the second of th THE DESCRIPTION OF THE STATE OF THE PROPERTY AND ADDRESS OF THE PARTY 10 mg 10 mg 10 mg BOOK & STATE OF STATE

		_		40.50		-		
1	1E	Δ	LT	H	D	TE	I.	
S TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs ofter death. If any delay is necessary please +	łE	A	LT	H	D	EP 1	L	
e executed within	encil in Item, 18.	Office along will	al-transit permit.	emavaj ondena	-	1	>)
IER: This certificate shauld b	g the word ding in pe	Chief Med Examiner's	3 shauld be used as a buri	ir ta burial, cremation, ar r				
DEPUTY MEDICAL EXAMIN	execute the certificate, writing	4 shauld be forwarded to the	7 FUNERAL DIRECTOR: Page	ar its designated agent, pria		6.0	2	
15	. A	15	ME			8		

N	ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
9084	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No. 1 (1231)

o. COUNTY	D 1	4			a. STATE		b COUNTY	_	
	Dorches			YLAND	Mary	yland		Dorch	
Gambrid		e RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF		one limits, write RURA	L ond give ne	agrest town)
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	pital, give street addre	55)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Cambrid	ge Maryla	nd Ho	ospital		RFD	2			YES NO
3. NAME OF DECEASED (Type or print)	Fir Bab		Middle elvin Sh	arp	Loss	4. DATE OF DEATH	Month Alle	Doy 14	Yeor 1960
5. SEX	6. COLOR OR RACE	4	D NEVER MARRIE			9.	AGE (In years IF U)	NDER TYEAR	IF UNDER 24 HRS.
Male	Negro	WIDOWE	DIVORCED		May 27. 19	960	fast birthday) yrs. Mon	oths Days	Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR	INDUST	Y 11. BIRTHPLACE (State	or foreign cour	ntry) 12	CITIZEN OF	WHAT COUNTRY?
None None	g life, even if retired)		None		Dorchest	ter Co	untv. Md	7	USA
13. FATHER'S NAME					14. MOTHER'S MAIDEN N		one of good		
	Leroy S	harpo	1	90	E	sther	Thomps	on	
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	. 17. IN	FORMANT	5 011 01	Address	011	
(Yes, no, or unknown)	[If yes, give wor or detex of	service)	None	1	eroy Shart	. RFD	2. Camb	ridge	Md.
18. CAUSE OF DEA	TH [Enter only one cou	yse per line			Jor of Dilar;	, , ,	29 001110	INTER:	VAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	Max	ami a					ONSE	1 day
527	DUE TO		emia						
Conditions, if o		Acu	te respir	ato	ry infecti	on		6-12	2 days
(o), stoling the cause last.									
PART II. OTH			ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERMI	INAL DISEASE C	ONDITION GIVEN IN		P. WAS AUTOPSY PERFORMED? (ES NO-
PART II. OTH	JSE WAS NTRIBUTING []	ъ. DESCRIBI	HOW INJURY OCCU	RRED. (Er	nter noture of injury in Por	t I or Part II of	item 18.)		
20c. TIME OF INJUING Hour o.m., p. m.	RY Month, Day, Yes	While		Oe. PLAC	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (City or	fown)	(County)	(Stole)
21. I certify th	not I took charge	of the r	remains describe	d abov	re, held an Autops	y , Ins	pection [X], In	quiry []	, ond in my
opinion death	resulted from:	Notural o	ouses 🕅 . Acci	dent [7. Suicide 17.	Homicide [7. Undetermin	ed manne	· [
	0		0						
ACTUAL SIGNATURE	4.	un	e-ce X		M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED
	1000		1		ASSISTANT MEDICA	AL EXAMINER [7	111-	
EXAMINER'S NAME (Type)	John Msch	Jr.	M.D.		DEPUTY MEDICAL	EXAMINER [8/1	5/60	
220. BURIAL, CREMATIC	N. 226. DATE THEREC		22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCATIO	N (City, town, or cou	inty)	(Stote)
REMOVAL (Specily) Burial	8/15/1	960		town	n Cemetery	Dorc	hester C	ounty	
23 FUNERAL DIRECTOR	SAIGNATURE		ADDRESS			D BY REGISTRA			
Herher)	MAHLO	und	Cambri	dge.	Md. DATE O	CT 4 '60	arth	on S. the	ua
	XO. XI	2							

VS A1S (4) 1SM 9/58

	9085	CERTIFI	CATE OF DEA	111		Reg. Dist. No	TOA	0 13
a. COUNTY	Dorchester	MARYLAN	2. USUAL RESIDENCE a. STATE	(Where deceased yland	lived. If institution b. COUNTY	n: Residence befo Dorchest	re admission	n)
RURAL and give	(If outside corporate limits, nearest town) ridge	write c. LENGTH OF STAY IN 12 years		(If outside corpora	ate limits, write RUF	RAL and give ne	arest town)	4
OR INSTITUTIO	PITAL (If not in hospital, giv		d. STREET ADDRESS		r Street		e. IS RESIDI	ARM?
B. NAME OF DECEASED (Type or print)	First Mi.nn	ie Dormar	stanley	4. DATE OF DEATH	Month August		,	or 60
. sex Female	3.7	MARRIED NEVER MARRIED [VIDOWED DIVORCED	7) -		A CARLON OF THE PARTY OF THE PA	F UNDER 1 YEAR Months Days	IF UNDER Hours	24 HRS Min.
during most of w	TION (Give kind of work doorking life, even if retired) BWOTK	ne 10b. KIND OF BUSINESS OR IN Home			Marylan	12. CITIZEN O	WHATCOL	UNTRY
3. father's Name Unkn	own		14. MOTHER'S MAIDE Tamter	-				
IS. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.	Richard Star	ley, Can	Addres	Maryland	1	
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO any, which immediate g the <u>under</u> .	e per line for (a), (b), and (c).] Cardiovasci Hypertensive	alar Accide		heart d		SET AND D	EATH
N N N N N N N N N N N N N N N N N N N		TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	9. WAS AU PERFORM YES [] 1	MED?
	WAS UNDERLYING A CAUSE OF DEATH FY MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury	in Part I or Part	II of item 18.)			
Y 20c. TIME OF INJ Hour a. n	10	20d. INJURY OCCURRED While Not while at work at work	PLACE OF INJURY (Home, factory, street, office bldg.,	form, 20f. (City	or town)	(County)		(State
alive on		leceased from. July :	ath occurred at 1:45	ADDRESS (Str		on the date	stated o	abov signe
PHYSICIAN'S NAME (Type)	J. Edwin F	assett.M.D.						
PHYSICIAN'S NAME (Type)	Sept. 3	22c. NAME OF CEMETER 1960 Head of	y or crematory the Creek Cen					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

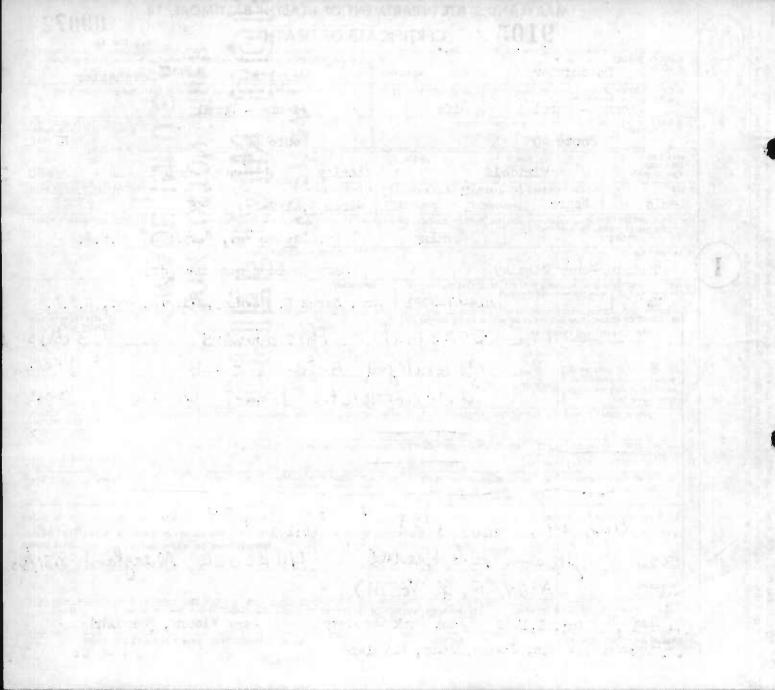
The state of the s CONTROL VARIABLE hand on the distance of the second of the second of the second and the second make making the refer to the property of the second and confirmation, and a substitution of the second of the sec # 180 Paul Brank | Brank | Brank | Paul Bran on any series and the contract of the series the state of the s

VS A1S (4) 1SM 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09072 9105 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	orchester	MARYLAND	2. USUAL RESIDENCE (Va. STATE	Where deceased live	b. COUNTY	n: Residence bef Dorchést	
RURAL and give no	f outside corporate limits, write earest town) 12. — Rural	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (III	f outside corporate		JRAL and give ne	earest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspitat, give stree Route 50	t address)	d. STREET ADDRESS	e 50			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Winfield	Middle	Stanley	4. DATE OF DEATH	Mon		Year 19 60
s. sex Male	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH March 9, 18		GE (In years ast birthday) 68 yrs.	Months Days	R IF UNDER 24 HRS Hours Min.
Og. USUAL OCCUPATION during most of work	DN (Give kind of wark dane 10b king life, even if retired)	KIND OF BUSINESS OR INDU	,	te or foreign countries	, .		A.
3. FATHER'S NAME	**		14. MOTHER'S MAIDEN	NAME			
	Henry Stanley		Mary (mai	den name	unknow	n)	-
S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		NFORMANT		Addr		
No		214-07-9981 M	rs. Sarah L.	Stanley	Vienn	a, Md.,	R.F.D.
	ATH [Enter only one cause per I TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cerebral	Throw	nbosi	5	IN1 ON	TERVAL BETWEEN ISET AND DEATH
Conditions, if or		Generalize	d Arteri	oscleros	sis		year
couse (o), stoting lying couse last.		arteriore	lerotic 1-	feart	Dise	ese	Years
PART II. OTH PART II. OTH PART II. OTH PART III. OTH	ier significant conditions	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIV	EN IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO
	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury i	in Part I or Port II o	of item 18.)		
20c. TIME OF INJUR Hour o. m.	While		ACE OF INJURY (Home, far ctory, street, office bldg., e	etc.) 20f. (City or to	lown)	(County	(Stot
alive an_ Cu	at I attended the decea	7.7	4, 19 60, ta (AM, fram the ADDRESS (Street,	causes and	d on the dat	w the decease e stated abov
PHYSICIAN'S NAME (Type)	JASON	F. G. YEE, N	M.o. Hu	IRLOC	K, M	arylan	d 8/31/
Po. BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 22b. DATE THEREOF Aug . 31, 1960	Fork Neck C		Near V		r county) Marylane	(Stote)
3. FUNERAL DIRECTOR		eralsburg, Mary	land	C'D BY REGISTRAR	24b. REGIS	TRAR'S SIGNATU	JRE



1	
FOR ST HEALTH	ATE DEPI
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please T execute the certificate, writing the ward of rading in pencil in Item, 18. Give Pages 1, 2, and 3 to the fuzzal director. Page T should be forwarded to the Chief Med. Examiner's Office along with form PM3. Page 5 may be released for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health. T should be the permit to burial, cremation, ar removal, and in any event within 72 hours after death.	

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9086 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09073

Reg. Dist. Na.

DE A SER SER SEA THE				2. USUAL RESIDENCE	MAChana danna	and Disease 16 Smaller	tion. Paridone	a hafara adi	nissiani
o. COUNTY	hand on On		***			b. COUNT	Y		-
	thester, Co.	NO. LENCTH	MARYLAND OF STAY IN 16	c. CITY OR TOWN			Dorche		
and give nearest tov	wn)			1				ive neurem	Own
	Maryland.	D.0		The state of the s	Creek,	Marylan	d.	1. 16	RESIDENCE
	ITAL OR INSTITUTION (I		reat address)	d. STREET ADDRESS				01	A FARM?
	Maryland Ho	spital.		None				YES] NO]
NAME OF DECEASED	Fire		Middle	Lost	4. DATE OF	Mont	h	Doy	Year
(Type or print)	Berth		Elliott	Travers	DEATH	8	T	11	160
SEX	6. COLOR OR RACE	7. MARRIED NEVE	ER MARRIED 3	DATE OF BIRTH		9. AGE (In years lost birthday)	Months Do	EAR IF UN	Min.
Female	White		DIVORCED	1/22/1931		29 yrs.			
. USUAL OCCUPAT	TION (Give kind of work (done 10b. KIND OF BUS	SINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or foreign c	ountry)	12. CITIZE	EN OF WHA	T COUNTRY
Housewi		Housew	rife	Fishing	Creek	MD.	U.	S.A.	
FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	199			
Edward	Elliott			Nettie	Trave	rs			
. WAS DECEASED E	VER IN U. S. ARMED FO		URITY NO. 17. H	NFORMANT		Address			
No	No	No	M	r. Rikey Tra	vers.	Bishing	Creek.	Marvl	and.
18. CAUSE OF DE	ATH Enter only one cou	se per line for (o), (b),	-					INTERVAL BET	WEEN
PART I. DE	ATH WAS CAUSED BY:	Runtuna	cerebral	aneurvsm				2 h	
14 50	IMMEDIATE CAUSE (o)	Throate	Cerebia	attent April				111	5
Conditions, if	7								
gove rise to imm	rediote couse								
(o), stoting the	underlying DUE TO								
	THER SIGNIFICANT CON	DITIONS CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART I	1(o) 19. WAS	AUTOPSY
PART II, O								YES T	ORMED?
200 FYTERNAL C	ALISE WAS 20	No DESCRIBE HOW INII.	IRY OCCURRED (F	inter nature of injury in P	ort I or Port II	of item 18)			но 🗌
200. EXTERNAL C.	ONTRIBUTING [b. DESCRIBE HOW INJU	JRY OCCURRED. (E	inter noture of injury in P	ort I or Port II	of item 18.)			МО
200. EXTERNAL C. PRIMARY OF CO	ONTRIBUTING []						(Coun)		
200. EXTERNAL C. PRIMARY OF CO	ONTRIBUTING [] H. URY Month, Day, Yea	or 20d. INJURY OCC	CURRED 20e. PLA	inter noture of injury in P CE OF INJURY (Home, fo ory, street, office bldg., e	rm, 20f. (City		(Count		(Stote)
PRIMARY or CO CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m	ONTRIBUTING [] H. IURY Month, Doy, Yee n. 19	or 20d. INJURY OCC While Not of work of w	URRED 20e. PLA foct	CE OF INJURY (Home, fo ory, street, office bldg., e	rm, 20f. (City	or fown)		17)	(Stote)
200. EXTERNAL C. PRIMARY or C(CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m 21. I certify	ONTRIBUTING H. H. H. H. H. H. H. H	20d. INJURY OCC While Not of work of we of the remoins of	CURRED 20e. PLA foct ork Described obo	CE OF INJURY (Home, fo ory, street, office bldg., e ve, held on Autop	20f. (Cit)	or town)	, Inquiry	ly)	(Stote)
200. EXTERNAL C. PRIMARY or C(CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m 21. I certify	ONTRIBUTING [] H. IURY Month, Doy, Yee n. 19	20d. INJURY OCC While Not of work of we of the remoins of	CURRED 20e. PLA foct ork Described obo	CE OF INJURY (Home, fo ory, street, office bldg., e ve, held on Autop	osy N, 1	or town)		ly)	(Stote)
20c. EXTERNAL C PRIMARY OF OF CC CAUSE OF DEATH 20c. TIME OF INJ Hour o. m 21. I certify opinion death	ONTRIBUTING	20d. INJURY OCC While Not of work of work of work of the remains o	CURRED 20e. PLA foct ork Described obo	CE OF INJURY (Home, for ory, street, office bldg., eve, held on Autop., Suicide,	osy M, li	or town)	, Inquiry	onner	(State)
PRIMARY OF CO CAUSE OF DEATH 20c. TIME OF INJ Hour o.m p. m 21. I certify	ONTRIBUTING	20d. INJURY OCC While Not of work of we of the remoins of	CURRED 20e. PLA foct ork D	CE OF INJURY (Home, fo ory, street, office bldg., e ve, held on Autop	osy M, li	or town)	, Inquiry	onner	
PRIMARY or CCAUSE OF DEATH 20c. TIME OF INJ Hour o.m p. m 21. I certify opinion death ACTUAL SIGNATURE	ONTRIBUTING H.	20d. INJURY OCC While Not of work of work to of the remoins of Notural couses	CURRED 20e. PLA foct ork D	ce Of INJURY (Home, for ory, street, office bldg., eve, held on Autop., Suicide	osy N. Homicide	nspection	, Inquiry	onner DATE	(Stote) Ind in my SIGNED
PRIMARY or CCAUSE OF DEATH 20c. TIME OF INJ Hour o.m p.m 21. I certify opinion death	ONTRIBUTING	20d. INJURY OCC While Not of work of work to of the remoins of Notural couses	CURRED 20e. PLA foct ork D	ce Of INJURY (Home, for ory, street, office bldg., eve, held on Autor, Suicide ,	osy N. lu Homicide EXAMINER	nspection	, Inquiry	onner DATE	(Store)
20c. TIME OF INJ Hour o.mp.m 21. I certify opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ONTRIBUTING Delth. H. 19 that I took charge he resulted fram: I John Mace TION, 122b. DATE THEREC	20d. INJURY OCC While Not of work of work of work of the remains of Notural courses Jr.	CURRED 20e. PLA foct ork D	CE OF INJURY (Home, for ory, street, office bldg., eve, held on Autop., Suicide, M.D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICAL	DSY N. 10.1 Homicide EXAMINER DICAL EXAMINER	nspection	, Inquiry ermined ma	onner DATE	(Stote) Ind in my SIGNED
200. EXTERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m 21. I certify opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ONTRIBUTING H.	20d. INJURY OCC While Not of work of work of work to of the remoins of the remoin	OF CEMETERY OR	CE OF INJURY (Home, for ory, street, office bldg., eve, held on Autop., Suicide,	DSY N. (City Homicide EXAMINER DICAL EXAMINER 22d. LOCA	r or fown) Inspection Undete	, Inquiry ermined ma	DATE 8/1:	(Store) Ind in my SIGNED
20c. TIME OF INJ Hour o.m P. m 21. I certify opinion deatl ACTUAL SIGNATURE EXAMINER'S NAME (Type) 20. BURIAL, CREMAT REMOVAL (Species	John Mace	20d. INJURY OCC While Not of work of work of work to of the remoins of the remoin	curred 20e. PLA foot ook described obo	CE OF INJURY (Home, for ory, street, office bldg., eve, held on Autop., Suicide, M.D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICAL CREMATORY	DSY N. (City Homicide EXAMINER DICAL EXAMINER 22d. LOCA	nspection nspect	, Inquiry ermined ma	DATE 8/1:	(Store) Ind in my SIGNED

Manager Land · The company of the No. of Contraction, Captaga Manua, Legal PERSONAL FOR PRINCIPLE PRINCIPLE The second of the control of the con THE ROLL WILLIAM

FOR STATE HEALTH DEPT.

Jeloy is necessary, please
fuzzal director. Page
test
for your files.
Stare Board of Health,
death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the word adding" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fundational and the form the converded to the Chief Med. Examiner's Office along with form PM3. Page 5 may be refunded be formed to the Chief Med. Should be used as a burial-transit permit. File pages 1 and 2 with the Stare or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9()87 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

09074

1. PLACE OF DEATH				- 11	. USUAL RESIDENCE	(Where decea	sed lived. If insti		nce befor	re admission)
b. CITY OR TOWN (IF a	chester, Co	RURAL	c. LENGTH OF STAY II		c. CITY OR TOWN	land		Dor	ches	ter, Co.
Cambridge.	Marwland.		Life				Maryla			
d. NAME OF HOSPITA	L OR INSTITUTION (II	not in hospi	ital, give street address)	d. STREET ADDRESS		1 di Via	IIII		e. IS RESIDENCE
	Creek, Mary	rland.			None	9				YES NO
3. NAME OF DECEASED (Type or print)	First		Middle	di.	Lost	4. DATE OF	Man	th	Day	Year
5. SEX	Nancy	7 44400150	NEVER MARRIED	Trav	ers	DEATH	9. AGE (In years	IF UNDER 1	12	19 60
Female	White	WIDOWED			/12/1881		fost birthday) 79 yrs.	Months E		F UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION during most of working	N (Give kind of work d	one 10b. Kil	ND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (SIG	ate or foreign	country)	12. CITIZ	EN OF	WHAT COUNTRY
Sea Food	,	Sea	a Food		Fishing	Creek.	Marylan	d U.	S.A.	
3. FATHER'S NAME				14	MOTHER'S MAIDEN					
The second secon	rTravers				Han	rriett	Lewis			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wer or dates of s	CES? 16. So	OCIAL SECURITY NO.	17. INFC	RMANT		Addres	4		
No	No		No	Mr.	Henry Tra	avers,	Fishing	Creek,	Mar	yland.
PART I. DEATH	H [Enter only one count WAS CAUSED BY: MMEDIATE CAUSE (a)		w (o). (b), ond (c).} Myocardial	fail	ure					AL BETWEEN AND DEATH
109.	DUE TO									
Canditions, if an gave rise to immedi	y. Which (b)									
(a), sloting the vi										
COUSE last.	(c)_	ITIONS CON	TRIBUTING TO DEATH	BUT NOT	DELATED TO THE TER	MAINIAL DICEAS	COMPUTION C	1/51 11 0 0 0 7	11 1/12	WIAS AMERICA
CATI	K SIGNIFICANT COND	1110113 201	VIKIBOTING TO DEATH	0011101	KLEATED TO THE TER	CWINAL DISEAS	SE CONDITION G	IVEN IN PAKI		PERFORMED?
PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING []	. DESCRIBE I	HOW INJURY OCCURR	RED. (Enter	nature of injury in P	Part I or Part II	of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Year	White	Not while of work	PLACE (factory,	OF INJURY (Home, fa street, affice bldg., e	orm, 20f. (Cit	y or town)	(Cour	nty)	(Stote)
21. I certify the	at I toak charge	af the re	mains described	above,	held an Autor	psy 🔲, I	nspection A	, Inquiry	/ [].	and in my
opinion death	esuned fram: N	latural ca	ouses X, Accide	ent [],	Suicide	Homicide	, Undet	ermined m	anner	
ACTUAL SIGNATURE	belie	- 2	uren))N	.D. CHIEF MEDICAL	EXAMINER [1			DATE SIGNED
EXAMINER'S NAME (Type)	John Ma	ce Jr			ASSISTANT MED DEPUTY MEDICA	1			8	/12/60
220. BURIAL CREMATION BUTTAL (Specify)	8/13/19		2c. NAME OF CEMETER Dorchester				tion (City, town, bridge,		nd.	(State)
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a. RE	C'D BY REGIS	TRAR 24b. REG	ISTRAR'S SIGN	-t-Pen-tistr	
Le Compte	Funeral S	ervi ce	e. Cambride	re. M	d. DATE	AUG 23	'60	Irilan S.	Krau	4

SHAPPAN - LIE . Me was en a line and a many . 10 I Charles and the second second Through the second seco

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) Page a. COUNTY b. COUNTY is necessary, Dorchester Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director. write RURAL end give nearest town) Minutes Baltimore Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Bo Cambridge Maryland Hospital State Paul 3. NAME OF Middle 4. DATE Month DECEASED OF in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be retrourial-transit permit. File pages 1 and 2 with the Soval, and in any event within 72 hours after de (Type or print) Ferdnanc Long DEATH IIIman Aug. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR lest birthday) White Mal e Aug. 0. WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Maryland Pharmacy Pharmacist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate should be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT es, no, or unkown) | (Ifyesgive war or dates of service) Office along with burial-fransit permi No ernard Ulman Baltimore. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion removal. DUE TO Conditions, if any, which (b) "pending" gave rise to immediate ceuse 10 the word "pending" Medical Examiner's DUE TO (e), stating the underlying ass ō cause last. should be used cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 2Db. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury In Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS ease execute the certificate, writing the should be forwarded to the Chief Mec FUNERAL DIRECTOR: Page 3 shou PRIMARY OF CONTRIBUTING burial. DEPUTY MEDICAL EXAMINER CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., etc.) While Not While prior to Hour e.m. el work al work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry agent, Accident Suicide Homicide Undetermined manner death resulted from: Natural causes X CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S ohn Mace NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) S REMOVAL (Specify) Washington Cemetery Hurlock, Dor., Md. 0 Q40 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME AUG 26 '60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO X

19 60

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Hr.

PERFORMED? NO X

(Stele)

and in my opinion

DATE SIGNED

(Stete)

Yeer

Dev

22

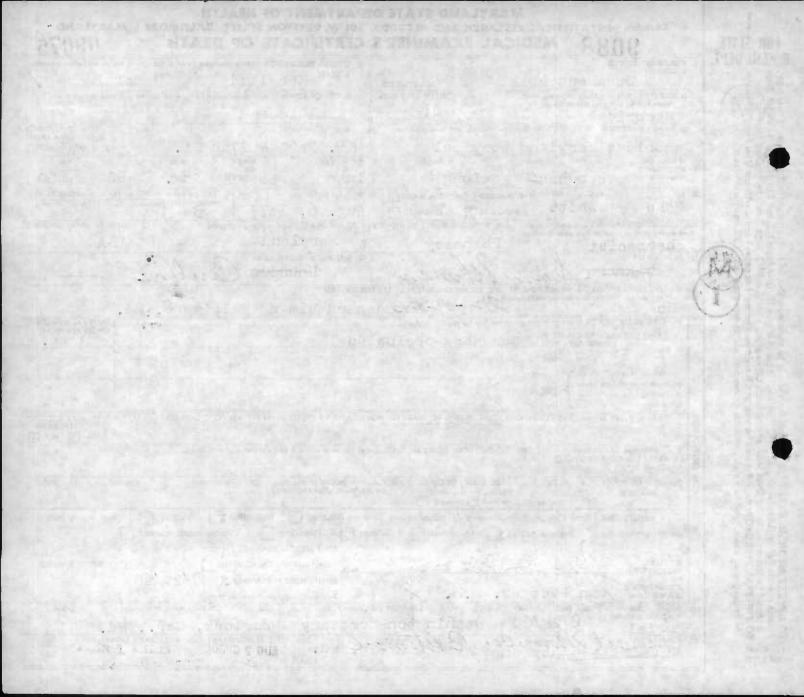
USA

(County)

Months

ON A FARM?

5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0089	CERTIFICATE	OF	DEATH
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Reg.	Dist.	No.	1	0	2	3	6

_		0 1	101						Keg. Dist	. No	. Ola - la
1.	PLACE OF DEATH			MARYL	[]	a. STATE		ed lived. If institution b. COUNTY	-		
		Dorches				Mar	yland		Dor	ches:	ter
	b. CITY OR TOWN (RURAL and give n	If autside corporate limits	, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN	(If outside carp	orote limits, write R	URAL and gi	ve nearest	tawn)
	Cambr			Life	1	Can	bridg	е			
	d. NAME OF HOSPI	TAL (If nat in hospital, gi	ve street	address)		d. STREET ADDRESS					
	or institution Cambr	idge Mary	land	d Hospital		428	High	Street			
3.	NAME OF	First	1	Middle		Lost	4. DATE	Man	th	Dou	Year
	DECEASED (Type or print)	Sini		Lolle	222	Ward	OF			24	
5.	SEX		~	RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years		YEAR IE	
	-			and the same of th			205	last birthday)			
0.	Female	110610	WIDOWI	And the second	Time (1895				
U	during most of wor	ON (Give kind of wark di king life, even if retired)	one 10b.								
	Housey	<i>r</i> ife		Housewife		The state of the s		ounty, Mo	1.	US.	A
3.	FATHER'S NAME				1.	. MOTHER'S MAIDE	N NAME			7-1	
		Josiah H	ughe	es		E	iza	Jane Hu	ighes		
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INFO	RMANT					
111	No	(If yes, give war or dates of ser	Aicel	None	One	ida Joll	ev. C	ambridge	POTCHESTET RURAL and give nearest town) a. IS RESIDEN ON A FAR YES NO South Doy Year 31 9 19 6 a. IF UNDER 1 YEAR IF UNDER 24 Months Days Hours M 12. CITIZEN OF WHAT COL USA INTERVAL BETWEE ONSET AND DEA IVEN IN PART 1(a) 19. WAS AUTO PERFORMET YES NO (County) (S		
=		ATH [Enter only one cau	se per lis		1 0220				7		I DETWICEN
		ATH WAS CAUSED BY:	se per m		D		2 - 20		DOPCHESTEP ITERURAL and give nearest town) ITERURAL BETWEEN INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO		
	The same	IMMEDIATE CAUSE (o)		Cardiac	Dece	mpensat	TOU				
	180	DUE TO									
	Canditions, if a		Ar	terioscle	rotic	heart o	diseas	e			
	gave rise to i										
	lying couse lost.	(c).									
Z	PART H. OT	HER SIGNIFICANT COND	ITIONS C	CONTRIBUTING TO DEAT	TH BUT NO	RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY
Y			Di	abetes Me	1711	Q					
IF	20a. ACCIDENT W	AS UNDERLYING []		CRIBE HOW INJURY OC			in Part I or Pa	rt II of item 18.)			
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)									
			1001 11		No. BLACE	OF INTERVEN	1001.101				
MEDICAL	Hour o. m.	RY Month, Day, Year	While	NJURY OCCURRED Not while	foctory.	OF INJURY (Home, for street, office bldg.,	etc.)	ly or town)	(Co	unty)	(State)
ME	p. m.	19		k of work							
	21. I certify th	nat I attended the	deceas	ed from Febr	uarv	. 1959 . to	August	31 1960	that I la	ist saw t	the decease
	alive on All g		20								
	dive onours	0/0	()	DO DING HOI C	Jedin oc	Lorred di		Street, city or town,		e date si	DATE SIGNE
	ACTUAL	West in	100	ne		227 Da					9-1-60
	SIGNATURE	FLOO			M.D.	- 661 [1]	ne st-	Campi.To	ge, na	.2	7-1-00
	PHYSICIAN'S	T Farm D		ott M D							
			ass	ett, M.D.							
220	REMOVAL (Specify)	N, 22b. DATE THEREOF		22c. NAME OF CEMET	ERY OR CR	EMATORY	22d. LOC/	ATION (City, tawn, o	or county)	((Stote)
	Burial	9/4/196	0	Bethel	Cemet	ery	Can	bridge,	Mary	land	
23.	FUNERAL DIRECTOR			ADDRESS		24a. R	EC'D BY REGIS		STRAR'S SIGN	NATURE	
1	St. Chains	Fun Jone		Cambrio	dee.	Md. DATES	ED 1 4 '6	0 0	thun & fr	Tours	
ALIVE	DI COMPOSIC	Levels . This how			- C C C		P 1 4 1	16/ 1 6/10/	company of	WWW.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending.

TO FUNERAL DIRECTOR: After this certifical has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A1S (4) 15M 9/SS

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				1802(19)	

VS A1S (4) 1SM 9/SS

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
9098	CERTIFICATE	OF	DEATH		

CERTIFICATE OF DEATH

09076 Reg. Dist. No.

-1				100	
	1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	deceased lived, If institution: Re b. COUNTY Pr	esidence before admission) ince George's
	b. CITY OR TOWN (If outside corporate limits RURAL and give nearest lown) Cambridge	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside Hvattsvi	de corporote limits, write RURAL	ond give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION Cambridge Maryland		d. STREET ADDRESS	Avenue	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print)		tost 4. Wilkinson	DATE Month OF August	Day Year 28 1960
		7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8-28-60	9. AGE (In years lost birthdoy) Mon yrs.	nths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) NONE	none 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or f	oreign country) 12	2. CITIZEN OF WHAT COUNTRY U. S. A.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	Irving Fulmer Wilkins 15. WAS DECEASED EVER IN U. S. ARMED FORCE		Debra Ann Ne		
	[Yes, no, or unknown] [If yes, give wor or dates of set	none none	Debra Ann Will		th Avanue ville, Md.
	18. CAUSE OF DEATH [Enter only one couper to the couper to	Premature	ty 181	- 133	INTERVAL BETWEEN ONSET AND DEATH
	gove rise to immediate coese (a), stating the under- lying cause last. (b) DUE TO				
	PART II. OTHER SIGNIFICANT COND 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 19
		206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port	1 or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Yea Hour o. m. p. m.	r 20d. INJURY OCCURRED 20e. PL White Not while of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	10f. (City or town)	(County) (Stote)
	21. I certify that I attended the olive on \$ - > &		occurred ot ADE		on the date stated above DATE SIGNED S -29-60
	PHYSICIAN'S Dr. Wilbur N.				
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Cremution 8-29-6		R CREMATORY 220	d. LOCATION (City, town, or cou	
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY	Y REGISTRAR 246. REGISTRAR	

DOUBLE CENTER OF DEATH	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before edmission) director. Page or your files. necessary, ector. Page e. COUNTY a STATE b COUNTY MARYLAND Dorchester b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTRUITON (if not in hospital, give street address Cambridge for Boar e. IS RESIDENCE State YES NO Na Cambridge-Maryland Mospital Travers Court DATE Yeer DECEASED OF (Type or print) Wingate DEATH Vernon August 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 wit age 5 may 1 and 2 will 72 hours last birthdey) 2, and Months Male WIDOWED DIVORCED buld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, an Office along with form PM3. Page 5 n 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, even if retired Unemployed Wingate .Md. U.S. pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred J. Wingate Sarah Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit Yes, no, or unkown) | (If yas give werer datas of service) Office along with for buriel-transit permit smoval, and in any of Hardesty Wingate, Travers Court, Cambridge, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Intracranial injury days IMMEDIATE CAUSE (a) DUE TO removal, "pending" Examiner's (e used as a l gava risa to immadiata cause DUE TO (a), steting the underlying should be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? KON please execute the certificate, writing the world should be forwarded to the Chief Medical O FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, crem Medical 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. Was riding bicycle and ran into auto. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 20c. TIME OF INJURY (County) (Stete) fectory, street, office bldg., atc.) While Not While Cambridge Dor. Md. 1960 et work et work Street 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 35 Inquiry and in my opinion Undetermined manner death resulted from Natural causes Accident T Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER NAME (Typa) John ace Addrass (Street, city, town, or county) 220. BURIAL, CREMATION. | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Dorchester Memorial Park OH Cambridge. Md. ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATE AUG 15 '60 VS. A15ME arthur & Kraus 5M 7/59 Cambridge .Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09078 CERTIFICATE OF DEATH Rea. Dist. No 2. USUAL RESIDENCE (Where defeased lived. If institution, Residence before admissi PLACE OF DEATH o. COUNTY b. COUNTY b. CID OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTHADE STAY IN 16 should ARMAE OF HOSPITAL (IF) in hospital, give street ode d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Year Day DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Hours WIDOWED [] DIVORCED T 100. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during more of working life, even if retired) 12. CUIZEN OF YOHAT COUNTRY? carbon ofter de 14. MOTHER'S MAIDEN 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL SETWEEN ONSET AND DEK PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 8 0 YES 🔲 NO V 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ō MEDICAL S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m of work of work 21. I certify that I attended the deceased from. 19(96 that I last saw the deceased alive on and that death accurred M, from the causes and an the date stated above. ADDRESS (Street, city or Jown, stote) DATE SIGNED ACTUAL should PHYSICIAN'S NAME (Type) FUNER n 220 BURIAL, CREMATION 22b. DATE THEREOF page 0 CHERAL DIRECTOR'S STONATHERE ADDRESS 24b. REGISTRAR'S SIGNATURE REG'D BY REGISTRAR AUG 1 8 '60 arthur & House

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